

# Pure Resolutions LLC

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Aug/28/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Reco TESI L3/4

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

Board Certified Anesthesiologist

Board Certified Pain Medicine

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.**

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines

Clinical note dated 05/05/12 – 08/05/13

Procedural notes dated 10/31/12 & 03/20/13

MRI of the lumbar spine dated 12/01/12

Previous utilization reviews dated 05/30/13 & 07/02/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who reported an injury regarding her low back. The clinical note dated 05/05/12 details the patient complaining of 6/10 low back pain. The note does detail the patient stating the initial injury occurred in xxxx. Numbness was noted in the left lower extremity. Radiation of pain was noted into both lower extremities. The procedural note dated 10/31/12 details the patient undergoing trigger point injections into the quadratus and the gluteal musculature. The MRI of the lumbar spine dated 12/01/12 revealed a disc herniation at L3-4. A broad based disc protrusion was also noted at L4-5. A disc protrusion was also noted at L5-S1. Minimal compromise was noted bilaterally at the neuroforamina at L3-4 as well. The procedural note dated 03/20/13 details the patient undergoing an L4-5 epidural injection. The patient was also noted to have undergone trigger point injections at that time as well. The clinical note dated 06/05/13 details the patient continuing with radiating pain from the low back into the left lower extremity. The patient continued to rate the pain as 6/10. The patient was recommended for an L3-4 epidural injection at that time. The clinical note dated 07/11/13 details the patient complaining of radiating pain to both lower

extremities. The patient noted an increase in pain that was rated as 7/10. Weakness and numbness were noted in the lower extremities. Diminished reflexes were noted at the left patella. The patient demonstrated 4/5 strength at the left knee with both flexion and extension. The clinical note dated 08/05/13 details the patient continuing with low back complaints. The note does detail the patient utilizing Norco and Skelaxin for ongoing pain relief. The patient was noted to have a positive straight leg raise bilaterally.

The previous utilization review dated 05/30/13 resulted in a denial for an epidural steroid injection at L3-4 as no information was submitted confirming the patient's' completion of a physical therapy program. Additionally, the patient had stated that the pain level was improved with previous physical therapy.

The previous utilization review dated 07/02/13 regarding an L3-4 epidural steroid injection resulted in a denial as no information was submitted regarding the outcome of a previous epidural steroid injection.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The documentation submitted for review elaborates the patient having previously undergone physical therapy addressing the low back complaints. Additionally, upon exam the patient was noted to have ongoing weakness as well as numbness and tingling in the lower extremities. Furthermore, the MRI of the lumbar region revealed an effacement of the left lateral thecal sac within the lateral recess. Spinal canal narrowing was also noted at that level. Given the previous attempts at conservative treatments to include physical therapy as well as a home exercise program and taking into account the ongoing clinical findings indicating a radiculopathy component in the lower extremities as well as the MRI findings confirming the patient's neurocompressive findings, this request is reasonable. As such, it is the opinion of this reviewer that the request for an epidural steroid injection at L3-4 is recommended as medically necessary.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**