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Notice of Independent Review Decision

Date notice sent to all parties: 10/21/14

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Repeat lumbar epidural steroid injection (ESI) at L5-S1 on the right

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

Board Certified in Orthopedic Surgery
Fellowship Trained in Spinal Surgery

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 of the health care services in dispute.

Repeat lumbar ESI at L5-S1 on the right - Upheld

The Official Disability Guidelines (ODG) were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY [SUMMARY]:

A lumbar MRI dated 04/09/14 revealed a focal rightward disc herniation measuring approximately 7-8 mm. at L5-S1 creating marked right lateral recess stenosis and compression of the transversing right S1 nerve roots. There were posterior disc herniations measuring approximately 4 mm. at L2-L3 and L4-L5. A sacrum MRI revealed moderate to large disc herniations at L2-L3, L4-L5, and L5-S1 that were incompletely evaluated on this study. The remainder of the MRI was normal. examined the patient on 04/10/14. He injured his low back and strained a muscle in his right leg on xx/xx/xx. He had right lower back pain and numbness in the right leg that radiated to his right foot. He was in mild distress on examination and range of motion had improved. Muscle strength was normal and his sensation had improved. He had some shooting pain down the back of the left with flexion. The MRIs were reviewed. The diagnoses were a right lumbar sprain, right sciatica, and right pelvic sprain. Continued therapy was recommended and Lodine and Flexeril were refilled. He was referred for an epidural steroid injection (ESI). He attended therapy on 04/24/14 and 04/25/14. examined the patient on 04/29/14. He had low back pain that radiated to the right lower extremity. He had weakness, numbness, and tingling in the right lower extremity. Heel and toe walking were poor on examination and he had a sensory deficit in the right S1 dermatome. Straight leg raising was positive bilaterally. The diagnoses were a lumbar herniated nucleus pulposus and lumbar radiculopathy. An ESI on the right at L5-S1 was recommended and the patient expressed a desire to be sedated. On 05/12/14, performed a lumbar ESI at L5-S1. He was asked to return in one month. examined the patient on 06/10/14. He was able to sit and stand for only 30 minutes. He noted his pain was improved 90% following the lumbar ESI and he was able to sit, stand, and walk longer. There was noted to be no significant changes in his examination since the last office visit. The diagnoses were a lumbar herniated nucleus pulposus and lumbar radiculopathy. On 07/16/14, provided a preauthorization request for a lumbar ESI on the right at L5-S1. On 07/21/14, provided an adverse determination for the requested lumbar ESI on the right at L5-S1. The patient returned on 07/29/14. His ESI had been denied and noted he received 90% improvement from the first one. His examination was unchanged. , per the ODG, the patient received benefit of 50% or greater for six to eight weeks and he should be a candidate for a therapeutic ESI. He was asked to return in one month. On 08/16/14, provided an appeal for the lumbar ESI on the right at L5-S1. On 08/21/14, provided another adverse determination for the requested lumbar ESI on the right at L5-S1.

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

claims that the patient's symptoms were improved by 90% with the ESI that he performed. However, the Visual Analog Scale did not change at all, with the pain both before and after the ESI of 4-6/10. There is no objective documentation that the improvement was in fact 90%. Some subjective changes, such as sitting, standing, or walking longer do not meet the criteria. He was noted to be able to walk for more than 30 minutes, stand for less than 30 minutes, and he was able to sit for more than 30 minutes based on the 07/29/14 note. He notes his current

pain level was 4-6/10. At the worst, it was rated at 7-9/10 and at its best it was rated at 0-3/10. In initial evaluation on 04/29/14, he documented the claimant was able to stand for less than 30 minutes, able to sit more than 30 minutes, and was able to walk more than 30 minutes. This is essentially no change in his symptoms and his Visual Analog scale scores were identical. On 07/15/14, he notes no change in the claimant's examination. Therefore, the criteria set forth by the ODG to repeat the ESI were not met. The ODG states the indications for repeat injections include acute exacerbation of pain or a new onset of radiculopathy. The patient meets neither of these criteria. The ODG further states repeat injections should be based on continued objectively documented pain relief, decreased need for pain medications, and functional response. Based on the documentation reviewed, it does not appear he had objectively documented pain relief, as his complaints and VAS scores were essentially identical before and after the ESI. There is also no objective evidence that he has reduced the amount of medications he is using or if he actually received functional benefit from the ESI performed. Therefore, the requested repeat the lumbar ESI at L5-S1 on the right is not appropriate and does not meet the criteria from the ODG and the previous adverse determinations should be upheld at this time.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES

- TMF SCREENING CRITERIA MANUAL

- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)