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Notice of Independent Review Decision

Date notice sent to all parties: 03/27/14

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar epidural steroid injection (ESI) at L5-S1

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.

Lumbar ESI at L5-S1 - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

A CT scan of the head on 09/11/13 revealed a left scalp laceration with swelling and no fracture or evidence for an acute intracranial process. Left maxillary sinus

disease was also noted. A CT scan of the cervical spine showed no evidence for spinal stenosis or significant foraminal stenosis. There was no evidence of acute fracture or subluxation. A CT scan of the lumbar spine on 09/20/13 revealed non-displaced fractures of the left L2-L4 transverse processes with minimal displacement. There was no herniated discs or spinal stenosis. A lumbar MRI was performed on 10/28/13 and revealed a mild disc bulge at L3-L4 and mild posterior central disc protrusions at L4-L5 and L5-S1. There was minimal degenerative spondylosis from L3-L5 through L5-S1. Mild degenerative facet joint hypertrophy was noted at L3-L4 and L4-L5. There was moderate degenerative facet joint hypertrophy at L5-S1. examined the claimant on 10/30/13. He had fallen. He had a laceration of the left temple that required some staples. His left TMJ was painful and he had a hard time chewing hard foods. He felt drunk and lost his balance. He had positional and non-positional dizziness and vertigo. was asked to address the head and not the thoracolumbar or neck injury. He was noted to be six feet tall and weigh 227 pounds. Strength was 5/5 in the bilateral upper and lower extremities. Sensory examination was normal. A brain MRI, video ENG, and ambulatory EEG were recommended. examined the claimant on 11/15/13. Following his injury, he had the acute onset of shooting lumbar pain with radiation to the bilateral lower extremities, worse on the right than the left. He also had numbness, tingling, and weakness in a similar distribution. He had received therapy without significant improvement. Lumbar range of motion was decreased and painful in flexion and extension. Motor examination was 5/5 throughout. Deep tendon reflexes were +2 throughout and symmetrical. Heel walking aggravated his pain, but he was able to toe walk. Straight leg raising was negative bilaterally. There was a hypoesthetic region over the L5 and S1 distributions on the right. The CT scans were reviewed. The impressions were lumbar radiculitis, transverse process fractures at L2, L3, and L4, on the left, non-displaced, lumbar disc displacement, lumbago, and lumbar myofascial injury. did not feel the claimant was a surgical candidate and a TLSO brace for six weeks and an ESI followed by injection therapy were recommended. On 01/30/14 examined the claimant. Range of motion of the lumbar spine was reduced by 25%. He had hypoesthesia to light touch in the right L5 and S1 distributions, but he could toe and heel walk with pain. Straight leg raising was positive on the right at 75 degrees and negative on the left. The MRI was reviewed. A lumbar ESI for the 3 mm. posterior disc protrusion at L5-S1 seen on the MRI was recommended. On 02/12/14, a preauthorization request was made for a lumbar ESI (#1) at L5-S1, provided an adverse determination for on 02/17/14. Another preauthorization requested was made for the lumbar ESI (#1) at L5-S1 on 02/20/14. provided another adverse determination on 02/28/14.

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

The claimant has an essentially normal neurological examination based on the documentation reviewed. At most discusses mild sensory changes located in both L5 and S1. The MRI is initially read by the provider who wishes to do the ESI as it showing only minor impingement on the nerves. It is only when he wishes to do the ESI that he re-reads it as showing more significant findings. The claimant does not have a good description of radicular pain. He has a description instead of lower back pain with minor findings in the lower extremities. Utilizing the ODG, it would not endorse at this time the use of an ESI. The ODG notes there must be objective findings on examination, corroborated by imaging studies and/or electrodiagnostic testing to support performance of an ESI. The claimant fails this, as there are no objective findings on examination that are consistent with radiculopathy. The sensory changes are minor and are not determined for example who examined the claimant. He documented normal sensation and strength at 5/5. There is no evidence of nerve root compression of any significance on the MRI. Mildly impinging on the thecal sac and no nerve root impingement would disqualify the claimant from an ESI. Therefore the claimant does not have the objective findings necessary to support the request and the lumbar ESI at L5-S1 would not be appropriate. 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)**