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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Apr/10/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Repeat LESI @L4-L5-S1 Right

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

Board Certified Orthopedic Surgeon (Joint)

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:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. The patient slipped and fell and landed on his right buttock MRI of the lumbar spine dated 09/24/13 revealed at L4-5 there is moderate circumferential annular bulge. Superimposed on this there is a moderate central/right paracentral disc protrusion/extrusion. This measures 1.3 cm in width and extends 6 mm into the central canal. This results in moderate to severe mass effect on right lateral recess. There is severe bilateral frontal stenosis. At L5-S1 there is mild circumferential annular bulge. Superimposed on this there is a moderate central/right paracentral disc protrusion/extrusion. This measures 1.5 cm in width and extends 6 mm into the central canal. This results in moderate to severe mass effect on right lateral recess. There is moderate bilateral frontal stenosis. The patient underwent lumbar epidural steroid injection on 10/18/13. Follow up note dated 01/10/14 indicates that the injection helped temporarily but his back is still hurting and has gotten more painful. Follow up note dated 01/27/14 indicates that he has had one epidural steroid injection with some benefit. His pain level is 8/10. On physical examination sitting and supine straight leg raising causes radicular pattern all the way to the foot. He has decreased sensation in an L5 distribution. There is also decreased ankle dorsiflexion and also plantar flexion on the right compared to the left. Reflexes are absent at the knee and ankle. Per note dated 03/10/14, the patient had benefit for two months in the 50-70% range.

Initial request for repeat LESI was non-certified on 02/04/14 noting that key clinical details of

the previous epidural steroid injection were not provided including the date of the procedure, involved levels and laterality and objective documentation of his clinical and functional response. The denial was upheld on appeal dated 02/28/14 noting that the official MRI had no mention of nerve root and thecal sac entrapment. The records provided failed to show documentation of the quantitative result the patient had after the previous epidural steroid injection.

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

The patient sustained injuries on xx/xx/xx. The patient underwent a course of physical therapy followed by epidural steroid injection on 10/18/13. The submitted records document radicular findings on physical examination which are corroborated by MRI of the lumbar spine, as required by the Official Disability Guidelines. The patient reported 50-70% pain relief for 2 months. The Official Disability Guidelines support repeat epidural steroid injection with evidence of at least 50% pain relief for at least 6 weeks. Therefore, the issues raised by the previous denials have been addressed, and the requested epidural steroid injection is appropriate. As such, it is the opinion of the reviewer that the request for repeat LESI at L4-L5-S1 right 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