

True Resolutions Inc.

An Independent Review Organization
500 E. 4th St., PMB 352
Austin, TX 78701
Phone: (214) 717-4260
Fax: (214) 276-1904
Email: rm@trueresolutionsinc.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jul/29/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Caudal ESI

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

Board Certified Orthopedic Surgeon

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.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. On this date he twisted and felt a pop and a lot of pain. The patient underwent L5-S1 lumbar fusion in December 2009 followed by removal of hardware on 07/12/11. Electrodiagnostic testing dated 02/07/11 is a normal study. The patient underwent L4-5 epidural steroid injection on 06/21/12 which helped him feel better. The patient underwent interlaminar epidural steroid injection at L4-5 on 03/21/13. He states that the March injection was just not helpful at all, per note dated 04/22/13. The patient underwent L3-4 bilateral facet injection on 07/31/13. Note dated 04/15/14 indicates that the patient completed some physical therapy which was not helpful. Lumbar MRI dated 04/29/14 revealed at L2-3 there is a circumferential disc bulge which causes mild spinal canal stenosis and mild bilateral neural foraminal stenosis. At L3-4 there is an annular tear. Circumferential disc bulge is noted. Spinal canal is patent. At L4-5 there is a left paracentral disc protrusion which causes mild spinal canal narrowing. Disc bulge causes mild bilateral neural foraminal narrowing. At L5-S1 there is no significant neural foraminal or spinal canal stenosis identified. Office visit note dated 07/02/14 indicates that medications include Zanaflex, Norco, Zyrtec, Atenolol, hydrochlorothiazide, venlafaxine, amitriptyline and Mobic.

Initial request for caudal epidural steroid injection was non-certified on 05/22/14 noting that the MRI reported no evidence of nerve root impingement. This claimant has no objective evidence of radiculopathy on physical examination with muscle atrophy, decreased sensation in a dermatomal distribution, or loss of relevant reflex. The denial was upheld on appeal dated 06/25/14 noting that there is no wholly objective documentation of radiculopathy on examination. Electrodiagnostic testing was not performed. The claimant has had prior

injection without objective documentation supporting benefit.

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

The Official Disability Guidelines support epidural steroid injections for patients with documented radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. There is no current, detailed physical examination submitted for review to establish the presence of active lumbar radiculopathy. The submitted lumbar MRI does not document any significant neurocompressive pathology, and the submitted electrodiagnostic study is normal. The patient underwent prior epidural steroid injection and did not report any benefit. As such, it is the opinion of the reviewer that the request for caudal epidural steroid injection is not 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