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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jul/29/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left L4 tranforaminal injection

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 his lower back pulled. CT of the lumbar spine dated 05/06/14 revealed at L3-4 there is advanced degenerative disc disease with complete loss of disc height, vacuum phenomenon, and discogenic vertebral body sclerosis. There is prominent anterior spurring. Posteriorly there is a broad calcified disc protrusion. Coupled with facet and ligament hypertrophy, there is moderately severe acquired spinal stenosis and moderate bilateral lateral recess stenosis. At L4-5 there is advanced degenerative disc disease loss of height and vacuum phenomenon. Right hemilaminectomy defect is noted. Obliteration of the epidural fat suggests a significant component of epidural fibrosis. Moderate broad disc bulging is noted. Note dated 06/06/14 indicates that he underwent right L4-5 discectomy in January 2014. He was pain-free from February to xxxx until he was injured at work. He has not had any therapy or injections. Medications are listed as Arava, Advair, Norco, Gabapentin and Tramadol. On physical examination paravertebral muscles are non-tender with no evidence of spasm or trigger point. Lumbar range of motion is normal in all directions and non-painful. Straight leg raising is normal bilaterally. Motor strength is symmetrically present in all lower extremity muscle groups. Sensation is intact.

Initial request for left L4 transforaminal injection was non-certified on 06/11/14 noting that the clinical documentation failed to indicate that the patient was initially unresponsive to conservative treatment, including exercise, physical methods, NSAIDs and muscle relaxants. The documentation also noted that the patient had no neurological deficits on physical examination. The denial was upheld on appeal dated 07/03/14 noting that the documentation

indicates that he had not been treated with physical therapy or a home exercise program. His physical examination on 06/06/14 failed to show any evidence of significant findings suggestive of radiculopathy such as decreased motor strength or sensation in specific myotomal or dermatomal distributions.

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 with evidence of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. The patient's physical examination fails to establish the presence of active lumbar radiculopathy. The patient has intact sensation and motor strength testing as well as negative straight leg raising. Additionally, the Official Disability Guidelines only support epidural steroid injections upon completion of a course of conservative treatment. There is no indication that the patient has undergone any recent active treatment to date including physical therapy or a home exercise program. As such, it is the opinion of the reviewer that the request for left L4 transforaminal 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