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Notice of Independent Review Decision

Date notice sent to all parties: 01/21/14

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Caudal epidural steroid injection (ESI) for the lumbar spine

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:

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The Employer's First Report of Injury or Illness on xx/xx/xx when she injured her back. There was an Immediate Supervisor Report of Employee Injury dated 08/05/13. She had never reported the xx/xx/xx incident. When she finally reported it, it was xx/xx/xx. examined the patient on 08/09/13. She noted her onset of musculoskeletal pain in the low back was 12 days prior from lifting desks. She had minimal relief with over-the-counter Advil and had been able to work for a week after the initial injury, but her symptoms worsened again while cleaning rugs at the school and she had been unable to work since that time. She also developed pain down the left leg. A chiropractor had informed her she had a swollen disc. It was also noted her BMI was 30-39 and she was obese. A Medrol Dosepak and Naprosyn were prescribed and Flexeril was discontinued. She was kept off of work through 08/14/13. On 08/14/13, the patient informed she had completed the Medrol Dosepak. She was placed on modified duty through 08/22/13. On 08/22/13 she was improving, but still had some twinges in the low

back that had not gone away. She had occasional paresthesias and stinging down the thighs bilaterally, which lasted for a few minutes to an hour. Straight leg raising was normal and she had mild tenderness over the L4-L5 region. Reflexes and sensation were intact. She was referred for physical therapy and she would remain on modified duty through 09/05/13. noted on 09/05/13 that the patient had been released to light duty; however, there was no work to be done and her work did not want her to return unless she was fully released. Zanaflex and Naproxen were refilled. An MRI of the lumbar spine was performed on 09/16/13 and interpreted. There was a midline and left of the midline annular tear at L5-S1 without associated canal or significant neural foraminal encroachment. Mild lumbar spondylosis was noted. There was also left ovarian/adnexal nodules, which were incompletely evaluated. There was also marrow explanation and clinical correlation with lab work to confirm a benign etiology was recommended. On 09/05/13, prescribed therapy three times a week for four weeks. The patient then attended therapy from 09/17/13 through 10/17/13 for a total of 10 visits. She received therapeutic exercises and modalities as needed. The patient informed on 09/19/13 she was 80% improved. She had some pain that radiated down the legs at times, but that was also improving. The MRI was reviewed at that time. Light duty was continued through 10/03/13. Her current medications of Zanaflex and Naproxen were also continued. On 10/03/13, noted the patient was improving and anxious to go back to work and was ready to try full time work, which she was released to at that time. On 10/08/13, Mr. recommended one to two sessions of therapy for two more weeks to include therapeutic exercises and modalities as needed. On 10/15/13, noted once the patient was returned to full duty she did fairly well the first couple of days and after that another worker quit and she had to do extra work. Ever since that time she had been having more pain that did not radiate. It was noted an MRI showed a residual annular tear. The lumbosacral spine had moderate tenderness with moderate muscle spasms. Forward flexion and extension were limited that day, but there was no evidence of any pain down the leg. Her gait was normal. Her medications were renewed and she was referred for a second opinion. She was placed on modified duty through 10/25/13. The carrier filed a DWC PLN-11 on 10/15/13 noting they disputed Entitlement of Medical or Indemnity Benefits for any diagnosis, condition, or injury other than the accepted injury of a low back sprain/strain. On 10/17/13, recommended additional therapy three times a week for three weeks. On 11/07/13, the patient stated that since her last visit her pain was improved; however, she twisted the right knee five days prior resulting in the use of crutches. She was scheduled for her second opinion and modified duty was continued through 11/15/13. examined the patient on 11/15/13. She had low back pain that radiated down both legs, especially on the right. She also stated at times she felt numbness on both legs. She claimed while at work she was lifting chairs and tables. On her lunch break she removed her back brace and felt throbbing and since that time her pain had gotten progressively worse. She felt like her legs could go out at any time due to the pain. Her current medications were Celebrex, Zanaflex, Ultracet, Naproxen, and Tramadol. She was 64 inches tall and currently weighed 194.8 pounds. Neurological examination was normal, as was motor examination. She had a normal gait pattern and had significant spinal tenderness

in the paraspinals. Bilateral straight leg raising was negative and there were Waddell's signs present. Sensation was normal to light touch in both upper and lower extremities, and there was also normal motor strength to the bilateral extremities, both upper and lower. Reflexes were 2/4 in the upper and lower extremities. She did demonstrate poor range of motion in the lumbar spine with pain. X-rays of the lumbosacral spine revealed normal appearance to the SI joints and vertebral bodies without instability. There was a normal appearance to the disc. The MRI was also reviewed. The assessment was low back pain secondary to internal disc derangement and a disc protrusion at L5-S1. requested more therapy. Although he knew she had attended some he felt she needed more therapy at that point. Celebrex, Zanaflex, and Ultracet were refilled and a lumbar ESI was also recommended. She was taken off of work for an unknown time pending the request for ESI. On 11/19/13, provided a preauthorization request for a lumbar spine ESI with a caudal approach. On 11/22/13, provided an adverse determination letter for the requested caudal ESI of the lumbar spine. On 11/27/13, provided an appeal preauthorization request for the lumbar spine ESI via a caudal approach. On 12/04/13, the carrier filed an additional DWC PLN-11 stating they disputed Entitlement of a Medical or Indemnity Benefits for any diagnosis, condition, or injury other than the accepted injury of a low back strain with radicular symptoms and sciatica as they acknowledged the compensable injury consisted of a low back strain with radicular symptoms and sciatica only. reexamined the patient on 12/06/13. She had completed physical therapy and was pursuing specialist care at that time. She was awaiting approval for the ESI. Her current medications were Celebrex, Ultracet, and Tizanidine. She was improving slowly, but was not completely improved. Her pain did not radiate. She just had numbness in the left leg intermittently. She was recovering from knee surgery well. Continued supportive care was recommended and she was kept on modified duty through 12/30/13. provided another adverse determination letter on 12/20/13 for the requested caudal ESI for the lumbar spine.

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

The criteria in the ODG states that ESIs are an option for patients with objective evidence of radiculopathy. Radiculopathy (or the sensation of radiculitis) is manifested by sensory complaints of both down the leg and below the knee. There were no abnormal or objective neurological findings on the examinations that would be consistent with radiculopathy. When she was evaluated on 11/15/13, the neurological and motor examinations were normal. Reflexes were 2+ and symmetrical. Sensation was within normal limits and bilateral straight leg raising was negative. Therefore, the patient fails to meet the criteria for a caudal ESI. Secondly, the patient's MRI does not show any evidence of nerve root compression. While the patient does have evidence of an annular tear on a disc bulge, there is no evidence of any significant nerve compression. Therefore, there is no evidence of a condition that would be creating radiculopathy, radiculitis, or leg pain that would be amenable to an ESI. Therefore, based upon the findings on the MRI, the objective examination findings, and in accordance

with the ODG, the requested caudal ESI for the lumbar spine is not appropriate 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**
- X **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- X **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)**