

P-IRO Inc.

An Independent Review Organization
1301 E. Debbie Ln. Ste. 102 #203
Mansfield, TX 76063
Phone: (817) 405-0855
Fax: (214) 276-1787
Email: resolutions.manager@p-iro.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jan/24/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient lumbar epidural steroid injection via caudal catheter, right L4/5, L5/S1

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

Anesthesiology

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:

ODG - Official Disability Guidelines & Treatment Guidelines
Utilization review determination dated 12/09/13, 12/30/13
Prospective IRO review response dated 01/11/14
Lumbar MRI dated 03/12/10, 11/27/13, 11/12/05
Lumbar CT myelogram dated 03/16/04
Office visit note dated 10/01/13, 10/30/13, 12/02/13, 01/06/14, 09/03/13, 06/24/13, 05/07/13, 01/15/13, 01/02/13, 10/03/12, 07/11/12, 06/04/12, 04/16/12, 04/02/12, 02/27/12, 01/10/12
Operative report dated 08/20/13, 06/29/12, 03/16/12, 02/10/12, 10/01/10, 04/16/10, 10/16/09, 02/10/09, 08/05/08, 01/10/08, 05/29/07
EMG/NCV dated 07/31/03
Outpatient op report dated 03/16/12, 02/10/12, 10/01/10, 04/16/10
Radiographic report dated 03/16/10, 04/17/12, 01/19/05

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female whose date of injury is xx/xx/xx. Treatment to date includes epidural steroid injection on 05/29/07, 01/10/08, 08/05/08, 02/10/09, 10/16/09, 04/16/10, 10/01/10, 02/10/12, 03/16/12, 06/29/12 and 08/20/13. Note dated 06/24/13 indicates that after epidural steroid injection done on 06/29/12 her leg symptoms were gone at a 2 week follow up and the back pain was some better. Follow up note dated 09/03/13 indicates that the patient reports substantial relief of her painful symptoms for the first few days to a week after the epidural steroid injection, but then the symptoms started to recur some. MRI of the lumbar spine dated 11/27/13 revealed at L4-5 there is focal left foraminal-extraforaminal disc protrusion

encroaches on the foraminal-extraforaminal segment of the left L4 nerve root; there is superimposed minimal disc bulge without significant spinal canal stenosis. At L5-S1 there is disc bulge with superimposed small central disc protrusion and concentric epidural lipomatosis without significant mass effect on the traversing cauda equine; there is no significant neural foraminal stenosis. Note dated 12/02/13 states that the patient did not get a solid response to the repeat injection performed earlier in the year. On physical examination there is 5-/5 strength in right dorsiflexion. Straight leg raising is noted to be positive on the right, negative on the left. Deep tendon reflexes are 2+. There is tingling noted to the right lower lateral and medial calf.

Initial request for lumbar epidural steroid injection via caudal catheter right L4-5, L5-S1 was non-certified on 12/09/13 noting that while in the past she reportedly had good responses to injection, her last one failed to give an adequate level and duration of benefit. The literature does report effectiveness diminishes as the condition ages. The Official Disability Guidelines require a 50 to 75 percent response that lasts six to eight weeks. There should be objective evidence of benefit such as decreased medication usage and increased function. Additionally, the imaging fails to show any neurocompressive lesion. The denial was upheld on appeal dated 12/30/13 noting that the last epidural injection in August provided brief relief, but it did not provide a 50-75% relief that lasted 6-8 weeks, as required by the guidelines. There is weakness of right ankle dorsiflexion with no corresponding lesion noted on the lumbar MRI.

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

The patient underwent most recent lumbar epidural steroid injection on 08/20/13. Follow up note dated 09/03/13 indicates that the patient reports substantial relief of her painful symptoms for the first few days to a week after the epidural steroid injection, but then the symptoms started to recur some. The Official Disability Guidelines require documentation of at least 50% pain relief for at least 6 weeks prior to repeat epidural steroid injection. Additionally, the patient's lumbar MRI fails to document any significant neurocompressive pathology. As such, it is the opinion of the reviewer that the request for Outpatient lumbar epidural steroid injection via caudal catheter, right L4-5, L5-S1 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