

Independent Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Dec/31/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 lumbar caudal epidural steroid injection at the L5/S1 level under epidurography

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

Board Certified Orthopedic Surgery

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 11/11/13, 11/27/13

Follow up note dated 10/31/13, 05/10/13, 12/06/12, 08/21/12, 01/24/12, 11/22/11, 05/12/11, 04/28/11, 02/24/11, 01/27/11, 12/29/10, 10/14/10, 09/07/10, 12/08/09, 09/02/09

Pain diagram dated 10/31/13, 05/10/13, 12/06/12, 07/21/12, 11/22/11, 04/28/11, 01/27/11, 10/14/11, 09/07/10, 12/08/09, 09/02/09

MRI lumbar spine dated 01/17/11, 07/21/09

PPE dated 12/02/10

Physical therapy re-evaluation/discharge dated 11/20/12

Aquatic exercise flowsheet dated 10/01/12-11/20/12

Handwritten physical therapy daily note dated 11/20/12, 10/29/12, 10/30/12

Physical therapy initial evaluation dated 10/01/12

Peer review dated 03/14/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female whose date of injury is xx/xx/xx. The patient noticed left low back pain radiating down her left lower extremity. The patient underwent epidural steroid injection on 10/14/10. Treatment to date includes chiropractic, physical therapy and medication management. MRI of the lumbar spine dated 01/17/11 revealed at L5-S1 no disc herniation, spinal stenosis or foraminal stenosis. Physical therapy re-evaluation dated 11/20/12 indicates that she has had a steroid injection in the past and more are pending. Follow up note dated 05/10/13 indicates that she has positive straight leg raising reproducing pain down

her left leg and also has paresthesias in the L5 nerve root distribution. Follow up note dated 10/31/13 indicates that medications include Flexeril, Mobic, Lyrica and Norco.

Initial request for lumbar caudal epidural steroid injection at the L5-S1 level was non-certified on 11/11/13 noting that an updated neurological examination which documents findings suggestive of radiculopathy at L5-S1 was not noted in the most recent medical report provided to clinically justify the currently requested epidural steroid injection. Corroborative objective findings on imaging and/or electrodiagnostic evaluation were also not reported. Lastly, clarification is needed as to the levels addressed and the resulting response from the previous epidural steroid injection. The denial was upheld on appeal dated 11/27/13 noting that the patient's most recent clinical examination was over six months ago. An updated assessment with comprehensive neurologic examination has still not been provided. Diagnostic studies corroborating radiculopathy at L5-S1 were still not noted. The patient was indicated to have failed the prior epidural steroid injection as per 12/02/10 physical performance evaluation. The levels addressed were still not documented.

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 and has undergone prior epidural steroid injection. The Official Disability Guidelines support epidural steroid injections with evidence of 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, and the submitted lumbar MRI fails to document any significant neurocompressive pathology. The patient's objective, functional response to prior epidural steroid injection is not documented to establish efficacy of treatment. As such, it is the opinion of the reviewer that the request for 1 lumbar caudal epidural steroid injection at the L5-S1 level under epidurography 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