

DATE: 07.10.14

Notice of Independent Review

REVIEWER'S REPORT

DATE NOTICE SENT TO ALL PARTIES: 07.11.14

IRO CASE #:

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

M.D., F.A.C.S., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering herniated nucleus pulposus and sciatica

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient left S1 transforaminal epidural steroid injection

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- X** Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
722.10	64483 77003.26		Prosp. Prosp.				Xx/xx/xx Xx/xx/xx		Upheld Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. Independent Review forms
2. records
3. Clinical notes, 05/02/14: Second epidural steroid injection refused by injured employee
4. 04/24/14: reporting failure to respond to the initial epidural steroid injection on 12/17/13
5. 11/27/13
6. Operative report, 03/13/14, left S1 transforaminal epidural steroid injection
7. MRI scan, 11/25/13, lumbosacral spine
8. clinical notes, 12/18/13 and 11/19/13
9. Physical therapy evaluations and multiple evaluations with multiple PT progress notes
10. 12/11/13
11. 11/07/13
12. 10/28/13, 10/17/13, and 10/15/13
13. 10/24/13
14. records
15. Department of Insurance forms
16. Notice of assignment, IRO review, 06/27/14
17. Notice of reconsideration determination, 06/20/14
18. Notice of adverse determination, 05/08/14

- 19. maximum medical improvement/impairment rating evaluation, 05/20/14
- 20. Department of Insurance documentation

PATIENT CLINICAL HISTORY (SUMMARY):

The claimant is a male who suffered an injury on xx/xx/xx when he fell. He suffered multiple injuries, including cervical sprain/strain, lumbar sprain/strain, contusion of right knee, fracture of the distal radius on the right side, and left leg sciatica. He developed left leg sciatica with pain radiating into the left foot with Valsalva pain. He had 1 cm atrophy of the left calf, straight leg raising test was positive, and the MRI scan of his lumbar spine revealed L5-S1 herniated nucleus pulposus. His problems with the cervical spine resolved and his right knee symptoms resolved. There was persistence of low back pain and left leg pain. His right wrist injury included a comminuted intraarticular distal radius fracture, which was treated in a cast. As part of his evaluation and treatment, an epidural steroid injection was provided at the level of L5-S1 by transforaminal route on the left side. The claimant reported only transient relief of his symptoms subsequent to the epidural steroid injection. Recently, a second transforaminal epidural steroid injection was recommended. Preauthorization request was denied. It was reconsidered and denied.

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

This individual suffered herniated nucleus pulposus at L5-S1. He has a clear S1 radiculopathy. Epidural steroid injection provided on 03/13/14 provided only brief transient relief of symptoms. The performance of a second epidural steroid injection is contingent on a significant response to a primary injection. Symptoms should be relieved to a level of 50% or 60%, and relief of symptoms with physical findings suggesting improvement of symptoms should last for several weeks rather than hours or days. The prior denial of request to preauthorize outpatient left L5-S1 transforaminal epidural steroid injection was appropriate and should be upheld.

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
- Medical judgment, clinical experience and expertise in accordance with accepted medical Standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Office 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)