



Notice of Independent Review Decision - WC

DATE OF REVIEW: 07/01/14

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right L4-5 Transforaminal Lumbar Injection with sedation

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

Board Certified in 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 or not medical necessity exists for each of the health care services in disput:.

- Right L4-5 Transforaminal Lumbar Injection with sedation - Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant sustained an injury on xx/xx/xx. MIR on 06/28/12 showed a large herniated disc at L4-5 that traversed the full width of the spinal canal resulting in severe stenosis of the spinal canal and lateral recesses bilaterally. Mild degenerative changes were present at L5-S1. She was diagnosed with lumbar radiculopathy. She received conservative treatment including medications, PT and ESIs. A right L4-5 discectomy was performed on 10/31/12. She was placed at MMI on 05/10/13 with a 5% WPI. A repeat MRI was performed on 07/16/13 which revealed postoperative changes consistent with a left hemilaminectomy and a large soft tissue mass

situated just posterior to the disc space at L4-5, most consistent with a recurrent disc herniation. A right L4 ESI was performed on 09/10/13 and again on 01/21/14. Medications as of 12/19/13 included Estrostep FE Tabs, Fluoxetine HCL, Spironolactone Tabs, Tramadol, Flexeril and Meloxicam. Phone notes taken dated 05/15/14 state the claimant received overall pain relief of 60 - 70% from the 01/21/14 ESI.

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

As noted on 05/15/14, the claimant previously had an epidural injection on 01/21/14 and the claimant reported overall relief of 60 percent to 70 percent with the claimant continuing to have relief. With this information, a repeat injection is indicated per the Official Disability Guideline recommendations that indicate repeat epidural steroid injections are indicated when the claimant has 50 percent to 70 percent benefit for six to eight weeks, which the records support as the claimant having a greater-than-that type of response. Therefore, the requested right L4-5 Transforaminal Lumbar Injection with sedation is recommended as medically reasonable.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**