



Notice of Independent Review Decision - WC

DATE OF REVIEW: 07/09/14

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar transforaminal epidural steroid injection Right L5-S1

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 dispute:

- Lumbar transforaminal epidural steroid injection Right L5-S1 - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PT - 07/10/13, 07/11/13, 07/16/13, 07/17/13, 07/19/13, 07/22/13, 07/24/13, 07/26/13, 07/30/13, 07/31/13, 08/01/13, 08/05/13, 08/07/13, 08/08/13, 08/12/13, 08/13/13, 08/26/13, 08/29/13, 09/04/13, 09/05/13, 09/09/13, 09/10/13, 09/12/13, 02/19/14
Imaging - 08/01/13
02/24/14, 04/16/14
03/13/14
02/20/14, 04/25/14, 06/02/14

PATIENT CLINICAL HISTORY [SUMMARY]:

Claimant is a male who was injured on xx/xx/xx when he fell. He received conservative treatment to include physical therapy and prescription medications. An MRI performed 08/01/13 showed minimal multilevel spondylosis. Current diagnosis is lumbar disc degeneration and lumbosacral neuritis/radiculitis. Current medications include Lyrica, Tramadol, Meloxicam and Tizanidine. Due to recent pain level worsening, an ESI was recommended.

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

Prior Peer Review concern noting the lack of neurological findings correlating with imaging finding for a radiculopathy, which is recommended by the Official Disability Guidelines prior to considering epidural steroid injection, is valid. On my review of the medical records, this claimant does not have a focal neurological finding and the MRI finding is that of a mild-to-moderate lateral recess narrowing at L5-S1, which in and of itself is insufficient to support an epidural steroid injection. response of 04/16/14 noted he felt an epidural steroid injection was indicated with positive stretch findings and the MRI findings consistent with spinal stenosis and nerve compression. response is insufficient as a medical rationale supporting the need for an epidural steroid injection within Official Disability Guideline recommendations as there is not a radiculopathy documented and it specifically notes spinal stenosis is not appropriate. It notes that objection findings on examination need to be present and there are no focal neurological findings documented. Therefore, the request is not medically necessary within the ODG recommendations.

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**