

Applied Resolutions LLC

An Independent Review Organization
900 N. Walnut Creek Suite 100 PMB 290
Mansfield, TX 76063
Phone: (817) 405-3524
Fax: (512) 233-2886
Email: admin@appliedresolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

July/15/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L5-S1 lumbar epidural steroid injection under fluoroscopic guidance

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

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reported an injury to her low back and right hip when she slipped and fell. The clinical note dated xxxxx indicates the patient able to demonstrate 70 degrees of lumbar flexion with 10 degrees of extension and 15 degrees of bilateral lateral flexion. The patient was recommended to initiate a course of physical therapy at that time. The MRI of the lumbar spine dated 05/08/13 revealed a disc protrusion at L3-4, L4-5, and L5-S1. The operative report dated 05/20/13 indicates the patient undergoing an epidural steroid injection at L4-5. The clinical note dated 11/25/13 indicates the patient undergoing a lumbar epidurography with interpretation at the L4-5 level. The clinical note dated 12/18/13 indicates the patient reporting 7/10 pain at the low back. The patient did report some improvement following the most recent injection but continued to be symptomatic. The note indicates the patient has a current smoking habit and has for 10 years. The clinical note dated 05/09/14 indicates the patient continuing with low back pain. The patient was recommended for a 3rd epidural steroid injection at that time. The clinical note dated 05/21/14 indicates the patient complaining of numbness in the right hip as well as stiffness in the lumbar region.

The utilization review dated 05/14/14 resulted in a denial for an epidural steroid injection as the submitted MRI revealed no neurocompressive findings.

The utilization review dated 06/18/14 resulted in a denial as no neurological involvement was identified in the appropriate distributions.

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

The request for an epidural steroid injection at the L5-S1 level using fluoroscopy is non-certified. The documentation indicates the patient complaining of low back pain. There is an indication the patient has previously undergone 2 epidural steroid injections in the lumbar region which did provide some benefit. However, no information was submitted regarding the patient's continued neurologic deficits to include strength, reflex, or sensation deficits in the L5 or S1 distributions. Without continued neurologic deficits, it is unclear if the patient would benefit from an additional epidural steroid injection at this time. As such, it is the opinion of this reviewer that the request for an epidural steroid injection at L5-S1 using fluoroscopy 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