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Notice of Independent Review Decision

May 21, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Series of lumbar L4-L5 transforaminal epidural steroid injection (ESI)

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

Diplomate, American Board of Physical Medicine and Rehabilitation and Pain Medicine

REVIEW OUTCOME:

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

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG criteria have been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who injured his low back in xxxx. He underwent an interbody fusion in xxxx at L5-S1 with bone graft from the hip.

On xxxxx, evaluated the patient for low back pain. The patient had a prior back surgery at L5-S1 done six years ago. He reported the pain had worsened over the years and currently it was radiating to legs mostly the right. The pain was shooting, burning and stabbing all the way to the toes. He had injections with little relief. He was utilizing hydrocodone for pain, but had stopped due to liver damage. On examination, lumbosacral spine showed a prior healed incision, tenderness of the transverse process at bilateral L5, pain with active lumbar range of motion (ROM). He bent the fingertips to mid-calf with extensor lag. There was

tactile sensation on the right and dysesthesia/hyperesthesia in the distal extremities. Straight leg raise (SLR) test was positive in the seated position. Lumbar x-rays showed healed fusion posterolaterally and some foraminal stenosis at L4-L5. diagnosed lumbago and thoracic or lumbosacral neuritis or radiculitis, unspecified. He discussed the possibility of a spinal stimulator if there was no stenotic area or surgical lesion.

On August 26, 2013, magnetic resonance imaging (MRI) of the lumbar spine showed previous laminotomy and interbody fusion at L5-S1 and facet arthrosis at L4-L5.

On March 25, 2014, evaluated the patient for continued back pain and some bilateral buttock pain status post L5-S1 fusion. He was denied epidural injections at the L4-L5 level that was earlier recommended. The patient was utilizing butalbital-acetaminophen-caffeine, omeprazole and propranolol ER. X-rays of the lumbar spine revealed L5-S1 fusion with some mild L3-L4 and L4-L5 narrowing with facet hypertrophy. noted that the patient had resolution of the back and radicular symptoms with epidural steroid injection (ESI) and stated it was medically necessary at the current time. He was to remain off work.

Per utilization review dated April 2, 2014, the request for outpatient series of three lumbar L4-L5 transforaminal epidural steroid injections (ESI) was denied with the following rationale: *"No decision is rendered on the re-submitted request for outpatient series of three lumbar L4-L5 transforaminal ESI. It is the opinion of the reviewing nurse that the documentation provided does not support that a substantial change in the injured worker's condition has occurred and therefore this request does not meet the requirements for re-submission pursuant to DWC rule 134.600 (0) (5)."*

Per utilization review dated April 9, 2014, the request for outpatient series of three lumbar L4-L5 transforaminal ESIs was denied with the following rationale: *"It is the opinion of the reviewing physician that, "The claimant is a employee who injured his low back in xxxx. The claimant underwent an interbody fusion in xxxx at L5-S1 with bone graft from the hip. MRI on June 26, 2013, notes a previous laminotomy and interbody fusion at L5-S1; central canal and foramina are patent; facet arthrosis at L4-L5. The claimant underwent bilateral transforaminal ESI which was authorized on January 23, 2013, and noted to have produced greater than 50% pain relief in February 2013. The claimant was last seen on March 25, 2014 with complaints of neck, shoulder and low back pain. ESIs have helped him significantly in the past. Examination notes lumbosacral tenderness bilaterally and some mild right sciatic notch tenderness, mild straight leg raise bilaterally. Sensation is grossly intact and reflexes are hyperactive. This request is for a series of three lumbar L4-L5 transforaminal ESIs." The request as written is not medically reasonable and necessary and therefore is not authorized. The documentation presented does not indicate any radiculopathy on physical examination or any corroboration on MRI or electrodiagnostic studies (#1 above). Additionally, a series of three (3) injections is not supported in the medical*

literature (#9 above). Medical necessity is not established in the presented documentation.”

Per a reconsideration review dated May 5, 2014, the appeal for outpatient series of three lumbar L4-L5 transforaminal ESIs was denied pain management, with the following rationale: *“ODG does not endorse a series of three ESI. Also there is no documentation as to the efficacy of ESI and no documentation of radiculopathy. ODG are not met for the requested procedure.”*

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

ODG does not endorse a series of three ESI. Also there is no documentation as to the efficacy of ESI and no documentation of radiculopathy. ODG criteria are not met for the requested procedure.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES