



Specialty Independent Review Organization

**Notice of Independent Review Decision**

**Date notice sent to all parties:** 3/13/2014

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

The item in dispute is the prospective medical necessity of right L4 and L5 lumbar selective nerve root block w/ monitored anesthesia.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation.

**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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of right L4 and L5 lumbar selective nerve root block w/ monitored anesthesia.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source): Records reviewed:

**PATIENT CLINICAL HISTORY [SUMMARY]:**

According to available medical records, this worker was injured when she slipped at work on xx/xx/xx. She injured her right foot or ankle and her lower back. The first record from a physician that was available for my review was dated

December 16, 2013. documented a fall and injury to the right foot and back. He stated that the injured worker was scheduled to have injections.

evaluated the injured worker on January 9, 2014. He noted that she had slipped at work on xx/xx/xx. She was complaining of lower back and right lower extremity pain which was greater in the back than the leg. The right lower extremity symptoms were described and “pins and needles” and “sharp” and “pulling” pain in the gluteus, posterior thigh, and calf area. stated that physical therapy had improved the symptoms. evaluated the injured worker and stated that she had an antalgic gait. Her examination apparently was performed entirely with a boot on the right lower extremity. The right patellar reflex was described as 0/5. stated that he was unable to examine the right lower extremity sensation and strength due to the presence of the boot. He stated that straight leg raising was positive on the right. His diagnoses were strain, sprain and radiculopathy secondary to lumbar disk displacement at the right L4, and right L5 level.

MRI studies were performed on October 7, 2013. These were said to show dehydration at T12-L1 and L3-L4, dehydration and annular bulging at L4-5, and degenerative facet changes at L3-4. The MRI report stated that there was no evidence of associated annular bulging, focal disk protrusion, lateral foraminal stenosis, or central canal stenosis at the L3-4 level and at the L4-5 level. There was no indication of lateral recess compromise or nerve root compromise documented on MRI.

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

Available medical records indicate that this worker was injured on xx/xx/xx when she slipped and fell at work. She injured her right foot or Achilles tendon and her back. She was placed in an immobilizing boot. She had extensive treatment for her lower back injury including physical therapy and multiple medications including Tylenol P.M. and ibuprofen, Ultram, Flexeril, and a Medrol Dosepak. MRI findings showed evidence of disk degeneration and degenerative facet changes at L3-4, but the MRI report did not indicate any structural lesions which would compromise the L4 or L5 nerve roots.

The patient’s physical examination was insufficient to document evidence of a lumbar radiculopathy. The right lower extremity was evaluated with a boot in place. The right knee reflex was described as “0/5” and it is uncertain as to whether the hypoactive reflex was an actual neurologic deficit or due to the presence of the boot. Also, the sensory and motor function of the right lower extremity was not described. There is insufficient evidence to conclude that this injured worker has a radiculopathy at any level and the MRI findings show no structural lesions which would indicate a problem which might affect lumbar nerve roots.

ODG Treatment Guidelines state that for treatment of lower back pain with epidural steroid injections, radiculopathy must be documented. This medical record does not document the presence of a radiculopathy. For diagnostic epidural steroid injections, radiculopathy should also be documented, but the diagnostic injections can be given to evaluate pain generators when physical signs and symptoms differ from those found on imaging studies. This individual's physical signs and symptoms do not differ from what would be expected with the imaging studies. There is also no evidence on physical exam or imaging studies of a multilevel nerve root compression and there is no evidence that the imaging studies are inconclusive or ambiguous.

**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 JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL 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)**