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Notice of Independent Review Decision

DATE OF REVIEW: 3/17/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of L5 transforaminal epidural steroid injection, left.

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 rehab.

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 medical necessity of L5 transforaminal epidural steroid injection, left.

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 from

PATIENT CLINICAL HISTORY [SUMMARY]:

According to available medical records, this claimant was injured in a work-related accident on xx/xx/xx. There was no comprehensive description of the injury, but in one portion of the record there is a statement that the injured worker fell. Apparently, he injured his lower back. He reportedly had surgery for laminectomy and diskectomy at the L5-S1 level in xxxx. He had a decompression of the left S1 and L5 nerve roots with foraminotomy on August 10, 2009. This surgery was performed. The injured worker has been followed since at least February 6, 2010. On November 2, 2010, the injured worker had facet injections at L4-5 and L5-S1. He subsequently had radio frequency medial branch blocks on the left at L4-5 and L5-S1 on March 9, 2011.

The patient has had a variety of diagnoses including a post laminectomy syndrome, lumbar radiculopathy, facet mediated pain, and left sacroiliac joint dysfunction.

On January 12, 2012, the injured worker had the last reported MRI study. The report from that study and the study itself were not made available for this record review, but stated on January 12, 2012, that the MRI had demonstrated tissue around the right S1 nerve root. There was no mention of the left S1 nerve root.

The injured worker has had pain in his lower back and both lower extremities of varying degrees over the years. Records indicate that he got relief of his symptoms with Norco and Phenergan and was able to function for several years. The injured worker was last evaluated on January 7, 2014. stated that the injured worker's symptoms had gradually worsened over time. He was complaining of increased left leg pain and numbness. stated that peri neural fibrosis had been noted around the left S1 nerve root. The individual's physical examination showed that he had 25% limitation of back flexion and extension, a positive straight leg raise on the left at 75°, and decreased light touch sensation in the L5 and S1 distributions on the left. Deep tendon reflexes and strength were said to be symmetrical.

recommended transforaminal epidural steroid injections. The request for those injections was denied on January 20, 2014 because the site of the injections was not specified in the request. The record was subsequently reviewed and reaffirmed the recommendation that the transforaminal epidural steroid injections be denied because there was no current imaging study documenting compression of nerve roots, and there was no documentation of recent lower levels of conservative care prior to the request for injections.

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

This worker injured his lower back in a work-related incident on xx/xx/xx. He has had two surgical procedures on his lower back, facet injections, and radio frequency ablation. He has been diagnosed with lumbar radiculopathy, post-laminectomy syndrome, facet syndrome, and left sacroiliac joint dysfunction. Most recently, he has had pain in his lower back and left lower extremity with numbness in the L5 and S1 distribution. Apparently, he was able to function with Norco and Phenergan, but more recently, he has required more medications and has shown a functional decline. He has gained approximately 18 pounds over the past four years. This medical record indicates that he underwent the above-described procedures

and has been treated with analgesics, but there is no further comment about conservative management of his medical problems.

Medical records available for review do not conclusively document the medical necessity for L5, S1 transforaminal epidural steroid injections on the left, according to ODG Treatment Guidelines. The purpose of epidural steroid injection, as set forth in the Guidelines, is to reduce pain and inflammation thereby facilitating progress in more active treatment programs with reduction of medication use and avoidance of surgery. This treatment alone, however, offers no significant long-term functional benefits.

In the medical record presented for review, there is some confusion about findings on the last MRI. The statement from the injured worker's treating physician on the date that the last MRI was performed, was that there was evidence of tissue around the right S1 nerve root. There was no description of the left S1 nerve root. The most recent note, however, states that there is peri neural fibrosis around the left S1 nerve root. There is no MRI report available to document that finding.

The physical evidence for clinical diagnosis of a radiculopathy is somewhat weak. describes tenderness over the paravertebral muscles and limitation of back flexion and extension. Sensory deficits to light touch were described in the left L5 and S1 distribution but there was no evidence of reflex asymmetry or myotomal weakness. Straight leg raising was said to be positive at 75° on the left. There is no EMG documentation of radiculopathy and no clear MRI reports to document pathology affecting the left S1 nerve root.

This medical record does not document that the patient's current symptoms were unresponsive to recent conservative treatment other than Norco and Phenergan. There was no description of use of modalities, physical therapy, or exercise. There was also no description of a trial of muscle relaxers or nonsteroidal anti-inflammatory medications.

In summary, there is inadequate documentation in this medical record to meet ODG criteria for medical necessity for L5-S1 transforaminal epidural steroid injections on the left.

VI. Reference:
ODG Treatment Guidelines

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)