

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Mar/3/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

LESI L3/4 with IV Sedation

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

Board Certified Neurosurgery

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 on xx/xx/xx. No specific mechanism of injury was noted. The patient has had a long clinical history of low back pain with a burning and throbbing pain in the right lower extremity. The patient has already been assessed with post-laminectomy syndrome stemming from a prior lumbar decompression. The patient has an extensive history of narcotics use as well as the use of anti-inflammatories. A recent MRI of the lumbar spine from 07/17/13 demonstrated degenerative disc desiccation at L3-4 with mild loss of the disc height. There was moderate facet degeneration noted. These findings contributed to mild foraminal stenosis bilaterally without canal stenosis. Prior interbody fusion was noted from L4 to S1. There was no foraminal or canal stenosis noted at L2-3. As of July of 2013, the patient's physical examination reported intact motor strength without sensory or reflex deficits. The patient did have an extended period of physical therapy through November of 2013. The most recent report on 01/16/14 stated the patient continued to have persistent numbness and tingling in the right foot; however, the patient denied any lower extremity weakness. The patient reported slight improvement from physical therapy and she continued to perform an exercise program. Physical examination continued to demonstrate normal strength, sensation, and reflexes in the lower extremities.

The requested epidural steroid injection at L3-4 was denied by utilization review on 01/27/14 as there was lack of evidence regarding a current L3 or L4 radiculopathy based on physical examination findings.

The request was again denied by utilization review on 02/06/14 due to the lack of evidence regarding lumbar radiculopathy.

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

The patient has been followed for chronic low back and lower extremity pain stemming from a 2 level lumbar fusion from L4 to S1. The patient's most recent clinical reports identified no substantial change on physical examination indicative of a recurrent or new acute lumbar radiculopathy. Imaging studies failed to identify any neurocompressive findings at L3-4. There were some degenerative changes in the disc at this level; however, there was no clear nerve root impingement present. On physical examination, the patient did not exhibit any progressive neurological deficit to include motor weakness, sensory deficit, or reflex changes that would support the performance of lumbar epidural steroid injections for this patient's chronic condition. Per guidelines, epidural steroid injections would be indicated for a reoccurrence of lumbar radiculopathy which is not present in this case. Therefore, it is this reviewer's opinion that medical necessity has not been established in this case as the clinical documentation does not meet guideline recommendations for the request. Therefore, the prior denials are upheld.

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 (PROVIDE A DESCRIPTION)