

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Mar/03/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Epidural Steroid Injection L5-S1

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

Board Certified Anesthesiologist

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female whose date of injury is xx/xx/xx. The patient injured her lower back when lifting. Lumbar MRI dated 11/24/10 revealed at L5-S1 there is a broad based central disc herniation measuring approximately 5 mm. There is flattening of the thecal sac noted. Hypertrophic facet arthropathy is noted. Neural foramina appear narrowed at the level of the disc space. Note dated 11/13/12 indicates that patient has reached maximum medical improvement and full release from care with injury precautions was given. The patient underwent lumbar epidural steroid injection at L5-S1 on 03/02/11 and reported overall pain relief by more than half approximately 3 weeks later. The patient underwent lumbar epidural steroid injection at L5-S1 again on 04/06/11. Follow up note dated 10/03/13 indicates that the patient reported pain relief for greater than 8 months.

Initial request for lumbar epidural steroid injection L5-S1 was non-certified on 11/12/13 noting that there are no specific radicular findings on physical examination. The guidelines state that lumbar epidural steroid injections are indicated when radiculopathy is documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The most recent physical examination provided for review did not document sensory changes or motor weakness in specific dermatomal and myotomal distributions. Notation of diminished deep tendon reflexes in an unspecified pattern was noted. The provided lumbar spine MRI did not document any frank nerve root impingement. The current medication regimen was not noted, and failure of home exercise program was not documented. The

denial was upheld on appeal dated 01/06/14 noting that the patient is not noted to have findings of neurological deficits in a specific dermatomal or myotomal pattern that would corroborate with findings at L5-S1 on the MRI performed on 11/24/2010 which noted no findings of neural impingement at that time.

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

The patient sustained a lifting injury on xx/xx/xx. There is no indication that the patient has undergone any recent active treatment. Note dated 11/13/12 indicates that patient has reached maximum medical improvement and full release from care with injury precautions was given. The patient's physical examination fails to establish the presence of active lumbar radiculopathy, and the submitted lumbar MRI fails to document any significant neurocompressive pathology. The Official Disability Guidelines support lumbar epidural steroid injection when radiculopathy is documented on physical examination and corroborated by imaging studies and/or electrodiagnostic results. As such, it is the opinion of the reviewer that the request for lumbar epidural steroid injection L5-S1 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