

Applied Assessments LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Feb/26/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Transforaminal epidural steroid injection bilateral L5

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

Board Certified Orthopedic Surgery

Fellowship Trained Spine Surgery

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:

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization review determination dated 12/19/13, 11/21/13

Office visit dated 12/23/13, 10/25/13, 08/09/13

MRI left knee dated 06/07/13

Physical therapy daily note dated 11/25/13, 11/22/13, 11/18/13, 11/15/13, 11/13/13, 11/08/13, 10/07/13, 10/04/13, 10/01/13, 09/26/13, 09/24/13, 09/23/13, 09/18/13, 09/16/13, 09/12/13, 09/10/13, 09/09/13

Physical therapy evaluation dated 09/09/13

Physical therapy re-evaluation dated 11/18/13, 11/04/13, 10/07/13, 09/23/13

Follow up evaluation dated 11/19/13, 11/11/13, 11/01/13, 10/28/13, 10/21/13, 10/09/13, 10/03/13, 09/26/13, 09/19/13, 09/06/13, 08/16/13, 08/06/13, 07/19/13, 07/05/13, 06/24/13, 05/28/13, 05/24/13, 05/17/13, 12/26/13

Medical consultation dated 12/31/13

Initial evaluation dated 05/13/13

Easy script dated 11/21/13, 11/01/13

MRI lumbar spine dated 06/07/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female whose date of injury is xx/xx/xx. The patient tripped and fell and landed on her hyperflexed left knee. She developed pain, swelling and limitation of motion. MRI of the lumbar spine dated 06/07/13 revealed at L4-5 there is a grade I anterolisthesis

and a broad 1-2 mm disc protrusion with moderate thecal sac stenosis and very mild bilateral neural foraminal narrowing; ligamentum flavum thickening and facet hypertrophy. At L5-S1 there is a broad 1 mm disc protrusion with no thecal sac stenosis or neural foraminal encroachment; facet hypertrophy is seen. The patient has completed a course of physical therapy. Follow up note dated 11/19/13 indicates that pain is rated as 10/10. Numbness and tingling has resolved. Lower extremity weakness has resolved. On physical examination straight leg raising is negative bilaterally. Muscle strength and sensation are normal. Deep tendon reflexes are normal. Consultation dated 12/31/13 indicates that the patient underwent left knee surgery on 08/22/13. After the completion of surgery she had many sessions of therapy that she was told were specific for her back, but she could not tolerate it so she kept having to stop the therapy early. The patient was recommended to undergo lumbar medial branch blocks.

Initial request for transforaminal epidural steroid injection bilateral L5 was non-certified on 11/21/13 noting that the current objective findings do not suggest radiculopathy involving the bilateral L5 to warrant an epidural steroid injection. The denial was upheld on appeal dated 12/19/13 noting that the patient's radicular symptoms were noted to have resolved in the latest report provided. Official Disability Guidelines recommend epidural steroid injections for patients that have radicular findings and have failed conservative care and that are corroborated on MRI. Clinical documentation submitted for review indicated that there remained to be no objective neurologic deficits consistent with bilateral L5 radiculopathy that would justify the proposed procedure.

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

The patient slipped and fell on xx/xx/xx and has completed a course of physical therapy for the low back. The Official Disability Guidelines support lumbar epidural steroid injections for patients with radiculopathy documented on physical examination and corroborated by imaging studies and/or electrodiagnostic results. The patient's physical examination on 11/19/13 indicates that numbness and tingling and lower extremity weakness have resolved. The patient's physical examination fails to establish the presence of active lumbar radiculopathy with intact deep tendon reflexes, sensation, and motor strength as well as negative straight leg raising bilaterally. As such, it is the opinion of the reviewer that the request for transforaminal epidural steroid injection bilateral L5 is not recommended as medically necessary.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES