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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:
Mar/11/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Transforaminal injection of depomedrol, x-ray lumbar spine

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:

[X] 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
Clinical notes 12/13/12
MRI lumbar spine 03/15/13
Radiographs lumbar spine 04/01/13
Clinical notes 05/13/13
Clinical notes 07/02/13
Clinical notes 12/12/13
Adverse determinations 12/13/13 and 01/15/14

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a male who reported an injury to his low back. Clinical note dated 12/13/12 indicated the patient reporting a history of low back pain which he rated at 7-8/10. However the patient reported a waxing and waning in severity but overall progressively worsening. The patient reported maximal pain at night which interfered with his sleep. Bending, carrying objects, lifting, prolonged standing, sleeping, and staying in one position exacerbated the pain. The patient also reported numbness and tingling in right greater than left feet. The patient underwent discectomy and laminotomy at L4-5 and L5-S1 bilaterally approximately two years prior to the office visit. The patient completed a course of physical therapy and non-steroidal medications and bed rest. Physical therapy had been partially beneficial. MRI of the lumbar spine dated 03/15/13 revealed surgical changes at L4-5 and L5-S1. Possible disc protrusion contacting the descending right L5 and left S1 nerve roots was revealed. X-rays of the lumbar spine dated 04/01/13 revealed moderate disc degeneration at L4-5 and

L5-S1. Facet arthropathy was further identified. Clinical note dated 05/13/13 mentioned the patient complaining of 7/10 pain. Marked restrictions in range of motion of the lumbar spine were mentioned. Strength was 4/5 at EHL bilaterally. Hypoesthesia was noted and revealed over the L5 distribution bilaterally. Clinical note dated 07/02/13 indicated the patient showing diminished reflexes at the left ankle. Clinical note dated 12/12/13 mentioned the patient complaining of constant numbness and tingling in the left foot. The patient was recommended for injection in the lumbar spine. Utilization review dated 12/13/13 resulted in denial for transforaminal injection as no lesion was identified at L4-5. Utilization review dated 01/15/14 resulted in denial for transforaminal injection as no evidence of imaging studies confirming L5-S1 findings was mentioned.

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

Clinical documentation indicates the patient complaining of ongoing low back pain with paresthesia in the left foot. Transforaminal injection would be indicated in the lumbar spine provided the submitted imaging studies confirm pathology. There appears to be contact secondary to disc bulge at L5-S1. However, no neurocompressive findings were revealed. Therefore, the request for a two level transforaminal injection is not indicated. As such, it is the opinion of this reviewer that the request for transforaminal injection with Depomedrol with an x-ray of the lumbar spine 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