

Applied Assessments LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Mar/17/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

OP lumbar caudal epidural steroid injection at L5-S1.

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

Board Certified Orthopedic 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:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury to his low back on xx/xx/xx. The clinical note dated xxx indicates the patient wearing a back brace. The note mentions the patient having a significant history involving a fracture at L2-3 in xxxx following a motor vehicle accident. Upon exam, decreased range of motion was noted throughout the lumbar spine in all planes. Decreased side bending to the left as well as left rotation was significantly affected. The CT scan of the lumbar spine dated 12/16/13 revealed a 1-2mm disc bulge at L5-S1 with a 25% central canal stenosis and a 50% bilateral foraminal narrowing. Facet hypertrophy was also identified contributing to the foraminal narrowing. The clinical note dated 12/26/13 mentions the patient having normal sensation and strength throughout the lower extremities. A positive straight leg raise was noted on the right. The clinical note dated 01/03/14 mentions the patient having radiating pain into the right lower extremity. Paresthesia was noted in the L5 distribution on the right when standing. The clinical note dated 01/09/14 indicates the patient rating his low back pain as 4-5/10. X-rays completed on 12/10/13 revealed a spondylolisthesis at L2 versus a compression fracture. The patient was recommended to restart physical therapy. The therapy note dated 01/14/14 mentions the patient having undergone an evaluation.

The utilization review dated 01/22/14 resulted in a denial for an epidural steroid injection as no clinical findings confirming the patient's radiculopathy were identified.

The utilization review dated 02/10/14 resulted in a denial as no significant neurologic deficits were identified.

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

The documentation indicates the patient complaining of low back pain. An epidural steroid injection in the lumbar region would be indicated provided the patient demonstrates significant radiculopathy noted by clinical exam. No information was submitted confirming reflex changes, strength deficits, or loss of sensation in the appropriate distributions. Additionally, it appears the patient has restarted physical therapy. However, no information was submitted regarding the patient's response to the more conservative treatments. Given these findings, the request is not indicated. As such, the request for a caudal epidural steroid injection at 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