

# Pure Resolutions LLC

An Independent Review Organization  
990 Hwy 287 N. Ste. 106 PMB 133  
Mansfield, TX 76063  
Phone: (817) 405-0514  
Fax: (512) 597-0650  
Email: manager@pureresolutions.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Feb/05/2014

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Outpatient lumbar caudal epidural steroid injection (ESI)

**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)

**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 12/16/13, 01/14/14  
Office visit dated 12/05/13  
Lumbar MRI dated 01/05/13  
Treatment plan dated 10/11/13  
Physical capacities evaluation dated 10/25/13  
Designated doctor evaluation dated 07/29/13  
Letter dated 12/30/13  
EMG/NCV dated 11/21/13, 12/16/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male whose date of injury is xx/xx/xx. On this date the patient felt and heard a pop and developed a burning sensation in his low back. MRI of the lumbar spine dated 01/05/13 revealed at L1-2 no central spinal canal stenosis is present. The neural foraminal are normal. The lateral recesses are normal. At L2-3 no central spinal canal stenosis is present. The neural foraminal are normal. The lateral recesses are normal. At L3-4 no central spinal canal stenosis is present. The neural foraminal are normal. The lateral recesses are normal. At L4-5 no central spinal canal stenosis is present. The neural foraminal are normal. The lateral recesses are normal. At L5-S1 a 2 mm right lateralizing disc protrusion is present mildly compressing the thecal sac and lying adjacent to the right S1 nerve root. Designated doctor evaluation dated 07/29/13 indicates that treatment to date includes physical therapy, facet injections at L4-5 and L5-S1 on 06/20/13 and medication

management. Diagnoses are lumbar strain/sprain and lumbar disc protrusion with radiculopathy at L5-S1 level. The patient was determined not to have reached MMI as he is just starting a new course of therapy. EMG/NCV dated 11/21/13 indicates that the patient is 5'10" and weighs 318 pounds. This is an incomplete electrodiagnostic study because the standard EMG needle could not penetrate deep enough to access the lumbar paraspinal muscles. Note dated 12/05/13 indicates that lower extremity strength is symmetrically present in all lower extremity muscle groups. Deep tendon reflexes are symmetrically present and normal. Light touch is normal for all lumbar dermatomes.

Initial request for lumbar caudal epidural steroid injection was non-certified on 12/16/13 noting that radiculopathy must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. The provided documentation does not contain any physical examination findings of radiculopathy. The denial was upheld on appeal dated 01/14/14 noting that there are no documented acute radicular findings. This is a chronic injury. The claimant has back as well as leg pain with numbness. There is only a disc protrusion at L5-S1. It is unknown if this individual has undergone prior epidural steroid injections. It appears that his back pain is more referred rather than radicular. There are no strong neural tension or compression signs.

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

The patient sustained injuries on xx/xx/xx. The Official Disability Guidelines require documentation of radiculopathy on physical examination which is corroborated by imaging studies and/or electrodiagnostic testing. The patient's physical examination fails to establish the presence of active lumbar radiculopathy with intact motor exam, sensory exam and deep tendon reflexes. The submitted lumbar MRI fails to document any significant neurocompressive pathology. As such, it is the opinion of the reviewer that the request for outpatient lumbar caudal epidural steroid injection 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**