

IRO Express Inc.

An Independent Review Organization

2131 N. Collins, #433409

Arlington, TX 76011

Phone: (817) 349-6420

Fax: (817) 549-0310

Email: resolutions.manager@iroexpress.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

May/02/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L4/5 Selective Nerve Root with Iv Sedation

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

Board Certified Orthopedic Surgeon

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 who reported an injury to her low back. Clinical note dated 06/08/13 indicated the patient complaining of discomfort in the low back. The patient reported progressive pain since the onset of injury on xx/xx/xx. The patient rated the pain as 3-8/10. The pain was located bilaterally in the low back radiating into the right buttock and posterior thighs. The patient stated that bending, prolonged sitting and rising from a seated position all exacerbated her pain. MRI of the lumbar spine dated 06/20/13 revealed degenerative changes with multilevel intervertebral disc and mild posterior broad based annular bulges producing varying degrees of neural exiting canal impingement. Findings were most marked at L4-5. Moderate impingement was identified at the left neural exiting canal at L3-4. Changes were also identified at L4-5. Clinical note dated 08/22/13 indicated the patient continuing with complaints of low back pain. Pain radiated into the posterior thigh but not beyond the knees. No strength, sensation, or reflex deficits were identified. Clinical note dated 10/01/13 indicated the patient demonstrating limited range of motion in the lumbar spine. Clinical note dated 11/11/13 indicated the patient complaining of pain into the right lower extremity. The patient underwent steroid injection which provided initial relief. However her pain had returned at that time. The patient demonstrated 25% of normal extension and flexion in the lumbar spine. Operative note dated 12/17/13 indicated the patient had undergone a sacroiliac injection. Clinical note dated 01/06/14 indicated the patient reporting 50% relief following sacroiliac joint injection. Clinical note dated 02/24/14 indicated the patient stating the previous epidural steroid injection at L4-5 resulted in

approximately 24 hours of pain relief. The patient was identified as having a positive tension sign with elevation of the right lower extremity. Clinical note dated 03/31/14 indicated the patient having a significant recurrence of complaints. The patient described the pain as debilitating. Utilization review dated 10/21/13 resulted in a denial for a selective nerve root block at L4-5 as the patient had a poor response to the initial epidural steroid injection. Utilization review dated 03/13/14 resulted in a denial as the previous epidural steroid injection resulted in no significant improvement.

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

Clinical documentation indicates the patient complaining of low back pain radiating to the lower extremities. A selective nerve root block is indicated provided that the patient meets specific criteria, including a positive response to previous epidural steroid injection. The patient has undergone epidural steroid injection at L4-5 with a 24 hour relief of pain. However the patient indicated immediate return to pain following the initial. Given the poor response to the epidural steroid injection this request is not indicated as medically necessary. As such, it is the opinion of this reviewer that the request for a selective nerve root block with IV sedation at L4-5 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