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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Sep/24/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: epidural pain block L4-5

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D.O, Board Certified Neurological 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. It is this reviewer's opinion that medical necessity for epidural pain block L4-5 is not established based

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who sustained an injury on xx/xx/xx. The patient has been followed for a history of low back pain radiating to the right lower extremity. MRI studies of the lumbar spine were from 10/23/12 and noted prior interpedicular screws at L4-5. There was no evidence of any stenosis at this level. There was some osteophyte formation at L5-S1; however, there was no evidence of stenosis at this level. From L1 to L4, there was no identified canal or foraminal stenosis. The patient's surgical history included lumbar surgical procedures in 2007 and in 2008. The patient had been previously managed with anti-inflammatories and muscle relaxers. No other diagnostic testing was submitted for review. The patient was seen on 07/24/14 with continuing complaints of low back pain radiating to the left lower extremity with associated numbness and tingling. On physical examination, there was limited lumbar range of motion noted on flexion and extension. Per the physical examination, there were reported abnormal motor functions as well as decreased sensation in an L5-S1 distribution. The patient was recommended for a lumbar epidural steroid injection to the right at L4-5. A follow up report on 09/03/14 noted persistent complaints of low back pain radiating to the left lower extremity. The patient's physical examination noted decreased sensation in an L4-5 distribution with limited lumbar range of motion.

The requested lumbar epidural block at L4-5 was denied by utilization review on 07/18/14 as there were no imaging studies available for review correlating with physical examination findings to support an active radiculopathy at either L4-5 or at L5-S1.

The request was again denied by utilization review on 08/21/14 as there was no documentation regarding conservative treatment or imaging studies identifying nerve root involvement to support a diagnosis of lumbar radiculopathy.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient has been followed for a long history of chronic low back pain radiating to the lower extremities. The patient's most recent symptoms were in the left lower extremity with reported motor weakness and sensory deficits in an L4 through S1 distribution. The last imaging study available for review for this patient was from 2012 which did not identify any stenosis at any lumbar level. Postoperative changes were noted only. No other diagnostic testing such as EMG was available for review confirming the presence of a lumbar radiculopathy. Per guidelines, epidural steroid injections can be utilized in patients with unequivocal evidence regarding lumbar radiculopathy. As this was not well-supported in the clinical reports and given the minimal documentation regarding recent conservative treatment, it is this reviewer's opinion that medical necessity for epidural pain block L4-5 is not established based on guideline recommendations for the procedure. Therefore, the prior denials remain upheld.

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

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

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

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)