

True Decisions Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Sep/06/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar epidural steroid injection

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:

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.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient date of injury is xx/xx/xx. The patient injured the right shoulder and lower back by lifting MRI of the lumbar spine dated 05/22/14 revealed no disc herniation and no other compromise of the spinal canal or neural foramina at T12-L1, L1-2, L2-3, and L3-4. At L4-5 there is moderate compromise of the spinal canal secondary to a central disc herniation which measures 1.6 cm in its transverse diameter and 9 mm in its anterior-posterior diameter. Disc material compresses the thecal sac and does not compromise the neural foramina. At L5-S1 there is a very shall, central, 3 mm disc herniation which slightly effaces the thecal sac and there is no compromise of the neural foramina. Note dated 05/30/14 indicates that sensation and muscle strength are normal. Note dated 07/03/14 indicates that the patient complains of low back pain radiating into the left lower extremity. Physical examination notes heel and toe walking are poor. Deep tendon reflexes are diminished in the lower extremities. Straight leg raising is positive on the left.

The initial request for lumbar epidural steroid injection was non-certified on 06/27/14 noting that the claimant presents with poorly localized pain in the low back and left lower extremity with tingling, diffuse bilateral lower extremity reflex changes and strength deficits, and MRI evidence of central compression without compromise of the neural foramina. The denial was upheld on appeal dated 07/31/14 noting that the submitted report reveals limited findings on examination, as there are no specific myotomal and dermatomal deficits at these levels to support the requested injection.

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. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The patient's physical examination fails to establish the presence of active lumbar radiculopathy as there is no documentation of neurological deficit in the lower extremities in a myotomal/dermatomal distribution. The request is nonspecific and does not indicate the level, laterality or approach to be utilized. As such, it is the opinion of the reviewer that the request for lumbar 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:

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)