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Notice of Independent Review Decision

August 14, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral lumbar L4-L5 epidural steroid injections

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

No evidence of a neurocompressive lesion, thus not meeting criteria for epidural steroid injection.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

ODG criteria have been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained a fall on xx/xx/xx.

2013: On xxxxx, the patient was evaluated for low back pain. The patient presented for pump refill. He had lost prescription for breakthrough pain and had subsequent increased pain. Examination of the lumbar spine revealed a mildly antalgic gait, minimal spasms, decreased range of motion (ROM), tenderness to the facet joints and a positive Squish and Rocking test. diagnosed low back pain well controlled by the pump and oral medications. He interrogated, refilled and reprogrammed the pump. He opined the patient was undergoing a high-risk opiate therapy via intrathecal pump and had a high risk of adverse events. A urine drug screen was needed at every visit to minimize the risk of adverse events and assure needed safety of use of intrathecal pump. Lortab was refilled.

2014: On January 7, 2014, noted increased low back pain due to colder weather. Examination revealed a mildly antalgic gait, minimal spasms, decreased ROM, tenderness on the facet joints and positive Squish and Rocking tests. There was a mild spasm in the upper extremities. The patient reported 60% improvement with the current treatment. The patient was able to walk 50 yards. interrogated, refilled and reprogrammed the pump. Rate was increased to 4.1 mg/day.

On February 11, 2014, noted low back pain that was rated as 4-5/10. The patient was utilizing Vicodin HP, Neurontin, Flomax, Depakote, Exforge and Crestor. Examination findings were unchanged. Recent treatment had included intrathecal Dilaudid/clonidine/morphine/bupivacaine. interrogated, refilled and reprogrammed the pump.

On March 18, 2014, noted the patient was on Xanax two to three months ago by the primary care physician (PCP) to help him sleep. interrogated, refilled and reprogrammed pump. The rate was decreased to 3.9 mg/day. Dilaudid was increased to 15 mg/mL, clonidine to 45 mcg/mL and bupivacaine to 1%.

On April 28, 2014, noted complaints of right thumb and hand numbness, right forearm pain and right low back pain. The patient reported his right leg wanted to give out when he would get up. He reported worsening of symptoms over the past 2-3 weeks. Medications were reviewed.

On May 1, 2014, reviewed outside films. X-rays of the cervical spine revealed limited visualization of the C7 vertebral body and mild-to-moderate spondyloarthritic changes. X-rays of the lumbar spine revealed extensive postoperative changes from the L2 through the L4 vertebral bodies, old compression deformity of the L1 vertebral body, moderate spondyloarthritic changes and levoscoliosis. The patient reported numbness in the bilateral upper extremities and weakness of the bilateral hands, right greater than left. The patient was unable to write. The patient reported right thigh surface numbness and a severe burning sensation from the low back. He was unable to stand still for more than one minute.

On May 8, 2014, electromyography/nerve conduction velocity (EMG/NCV) study of the upper extremities showed evidence of a moderate-severe median mononeuropathy across the right wrist such as seen in carpal tunnel syndrome (CTS) and evidence of a moderate predominantly demyelinating ulnar mononeuropathy across the bilateral elbows, right greater than left.

On May 9, 2014, a computerized tomography (CT) scan of the lumbar spine showed extensive postsurgical change from L2 to L4, degenerative change below the level of fusion at the L4-L5 disc and to a lesser extent L5-S1 and intrathecal catheter extending from the posterior soft tissues at the L1-L2 level superiorly.

On May 13, 2014, noted increased symptoms of pain and tingling in hands and right leg. The patient ambulated in a wheelchair. Examination findings were

unchanged. , refilled and reprogrammed the pump. Rate was increased to 4 mg/day.

On May 19, 2014, EMG/NCV of the lower extremities revealed evidence suggestive of moderate sensory and motor peripheral polyneuropathy predominantly axonal in nature and evidence of lower lumbosacral chronic radiculopathy on the right and left.

On July 8, 2014, noted ongoing increased leg and upper extremity pain. The patient ambulated in a wheelchair. Examination findings were unchanged. There was 4/5 foot plantar flexion and dorsiflexion. The patient reported 60% improvement with current treatment. He was able to walk 50 yards. There was minimal interference with current treatment in relationships with people. He could lift 10-15 lbs, could sit in a chair for more than two hours, could stand for 10-15 minutes, pain had no significant effect on social life with current treatment and he could travel for more than two hours. interrogated, refilled and reprogrammed the pump. Medications and rate remained the same.

The patient was evaluated on July 16, 2014. The patient reported constant and severe pain rated at 8/10. Xanax and Ambien were refilled. The handwritten report is illegible.

On July 23, 2014, submitted a request for bilateral L4-L5 epidural steroid injection (ESI).

Per utilization review dated July 29, 2014, the request for bilateral lumbar L4-L5 ESI was denied with the following rationale: *“Based upon the medical documentation presently available for review, the above noted reference would not support this specific request to be one of medical necessity. This reference would not support this request to be one of medical necessity as the records available for review do not provide any data to indicate the presence of a compressive lesion upon a neural element in the lumbar spine on objective diagnostic testing that was available for review. As such, presently, the medical necessity for this request is not established. Spoke with. She indicated that presently, the plans are to withdraw the request. As such, a PEER to PEER review was not accomplished.”*

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

There is no evidence of a neurocompressive lesion, thus not meeting ODG criteria.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES