

# Applied Assessments LLC

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE NOTICE SENT TO ALL PARTIES:

Sept/14/2014

### IRO CASE #:

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

Caudal L5-S1 epidural steroid injection

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

Board Certified Orthopedic 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.**

### PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. The patient experienced sharp pain in his lumbar spine. MRI of the lumbar spine dated 02/18/14 indicates that the patient had a fusion of the spine. At L5-S1 there is a 2-3 mm focal central epidural defect effacing the ventral epidural space minimally contacting the anterior margin of the descending S1 nerve roots on both sides. Descending S1 nerve roots are non-swollen. The spinal canal measures about 8 mm. There is central spinal stenosis. Exiting L5 nerve roots are symmetrical. The patient completed a course of 15 sessions of physical therapy. EMG/NCV dated 03/17/14 revealed no evidence of radiculopathy. Designated doctor evaluation dated 04/14/14 indicates that the patient reached maximum medical improvement as of 03/17/14. The patient does not have any findings to warrant any epidural steroid injections objectively per ODG criteria. The patient was given 5% impairment rating. Follow up note dated 07/10/14 indicates that medications include ibuprofen, Ultracet, Zanaflex, Celebrex and Medrol Pak. On physical examination deep tendon reflexes are equal and symmetric and 2/4 in the lower extremities. Strength is rated as 5/5 throughout. Straight leg raising is noted to be positive bilaterally. Sensation is intact in the lower extremities.

Initial request for caudal L5-S1 epidural steroid injection was non-certified on 07/25/14 noting that there is a lack of objective clinical findings noted on physical examination to support evidence of nerve compromise and radiculopathy. Imaging studies submitted for review are insufficient to determine that the patient has nerve root impingement at the level requested for injection and electrodiagnostic studies reveal no evidence of radiculopathy.

**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 and has completed a course of physical therapy. The Official Disability Guidelines note that radiculopathy must be documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient's physical examination fails to establish the presence of active lumbar radiculopathy with intact sensation, motor strength and deep tendon reflexes. The submitted EMG/NCV does not show any electrodiagnostic evidence of radiculopathy. Additionally, per designated doctor evaluation dated 04/14/14, the patient reached maximum medical improvement as of 03/17/14. The patient does not have any findings to warrant any epidural steroid injections objectively per ODG criteria. As such, it is the opinion of the reviewer that the request for caudal L5-S1 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**