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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Sept/2/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Caudal epidural steroid injection at left L5-S1

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.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. The patient slipped and fell. The patient developed a large hematoma type lesion on the lateral posterior side of his left thigh and underwent surgery on 01/09/14. Report of medical evaluation dated 02/18/14 indicates that the patient reached maximum medical improvement as of this date with 0% whole person impairment. MRI of the lumbar spine dated 03/04/14 revealed severe bilateral neural foraminal narrowing and mild to moderate canal stenosis at L1-2. At L2-3 there is a 1 mm concentric disc bulge with ligamentum flavum hypertrophy and facet arthrosis resulting in moderate bilateral neural foraminal narrowing and mild canal stenosis. At L3-4 there is a 2 mm concentric disc bulge with ligamentum flavum hypertrophy and facet arthrosis resulting in moderate bilateral neural foraminal narrowing and mild canal stenosis. At L4-5 there is a 2 mm concentric disc bulge with a 2 mm central disc protrusion, ligamentum flavum hypertrophy and facet arthrosis resulting in severe bilateral neural foraminal narrowing and moderate canal stenosis. At L5-S1 there is no significant canal stenosis or neural foraminal narrowing. EMG/NCV dated 05/05/14 revealed findings consistent with a left lumbosacral radiculopathy at an unidentifiable nerve root distribution. The patient completed a course of physical therapy. Letter of medical necessity dated 07/25/14 indicates that lumbar range of motion is decreased. Straight leg raising is positive to the left at 45 degrees and 60 degrees to the right. Sensation is intact. Deep tendon reflexes are decreased at the left Achilles tendon, normal at the right and normal at the bilateral knees. Muscle strength is 4/5 to the left EHL and gastrocnemius.

Initial request for caudal epidural steroid injection at left L5-S1 was non-certified on 05/30/14 noting that no MRI or EMG/NCV was submitted for review to corroborate physical examination findings of radiculopathy. No objective clinical documentation was submitted for review to show failure of conservative treatment. The denial was upheld on appeal dated 07/08/14 noting that the MRI study showed essentially normal findings at L5-S1 while an official copy of the EMG/NCV report dated 05/05/14 was not provided for review.

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

The patient has completed a course of conservative treatment including physical therapy, home exercise program and medication management. The patient's physical examination does document findings of radiculopathy which are corroborated by both lumbar MRI and EMG/NCV studies which have been submitted for review. Given the presence of radiculopathy on physical examination corroborated by imaging studies and electrodiagnostic study, as well as completion of an adequate course of conservative treatment, the requested epidural steroid injection is appropriate at this time. As such, it is the opinion of the reviewer that the request for caudal epidural steroid injection at left L5-S1 is 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