

IRO Express Inc.

An Independent Review Organization

Phone Number:
(682) 238-4976

2131 N Collins PMB 433409

Arlington, TX 76011

Email: iroexpress@irosolutions.com

Fax Number:
(817) 385-9611

Notice of Independent Review Decision

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Anesthesiology

Description of the service or services in dispute:

Lumbar ESI via Caudal Catheter

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)

Patient Clinical History (Summary)

The patient is a male whose date of injury is xx/xx/xx. The patient fell 15-20 feet off a ladder and sustained left hand metacarpal fractures, left sided pedicle fracture and laminar fractures and transverse process fractures at L1-2 on the left. The patient underwent ORIF of 3rd, 4th and 5th CMC joints on 09/20/11, partial T12, L1 and L2 laminectomies, open reduction of L1 fracture and T12 to L2 posterolateral fusion and T11, 12, L2, L3 internal fixation. The patient completed a work hardening program in 2012. MRI of the lumbar spine dated 12/05/14 revealed L5-S1 postsurgical changes with right lateral epidural granulation tissue encasing the right S1 proximal nerve root sleeve; L5-S1 moderate to severe bilateral foraminal stenosis. Electromyography dated 02/02/15 revealed evidence of chronic right S1 radiculopathy. Office visit dated 02/05/15 indicates that pain level is 5/10. On physical examination deep tendon reflexes are 1/2 bilaterally. There is sensory asymmetry that appears to be predominantly in the L4 and L5 dermatomes of the right leg as compared to the left. Sensation is intact in the left lower extremity. Current medications are Trazodone, Naprosyn, Gabapentin and Cymbalta.

Initial request for lumbar epidural steroid injection via caudal catheter was non-certified on 12/16/14 noting that there is no detailed documentation regarding radiating symptoms, nor objective evidence of radiculopathy following a right S1 nerve root distribution, especially given documentation on 2 separate evaluations of negative bilateral straight leg raising, symmetric deep tendon reflexes and motor strength the lower extremities and sensory deficits ‘predominantly in the L4 and L5 dermatomes’ on the right. There is also no documentation submitted regarding any recent electrodiagnostic studies demonstrating right S1 nerve root irritation. There is also question with respect to compliance with a home exercise program and activity modifications. The denial was upheld on appeal dated 01/06/15 noting that the ODG requires MRI documentation of a herniated disc and clinical evidence of radiculopathy. Although the MRI shows the S1 proximal nerve root sleeve is encased in granulation tissue, no HNP was seen. In addition, the physical examination only shows subjective complaints of sensory changes in the right leg and no clinical signs of radiculopathy. The claimant had symmetric deep tendon reflexes, normal muscle tone, no atrophy and normal strength.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient sustained injuries in 2011; however, there is no indication that the patient has received any recent active treatment. The patient's physical examination fails to establish the presence of active lumbar radiculopathy. The Official Disability Guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. As such, it is the opinion of the reviewer that the request for lumbar epidural steroid injection via caudal catheter 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 and Environmental Medicine um
- knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)