

Applied Assessments LLC

An Independent Review Organization

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Notice of Independent Review Decision

Review Outcome:

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

Physical Medicine And Rehab

Description of the service or services in dispute:

Right lumbar sacra 1 epidural steroid injection

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 was climbing up on a pole and hyperextended his knee causing swelling as well as straining his low back. Office visit note dated 02/23/15 indicates that the patient complains of low back, right leg pain and knee pain. The patient reportedly tried physical therapy with too much pain. Current medications are acetaminophen, amoxicillin, hydrocodone-acetaminophen, ibuprofen, ketorolac, meloxicam, methylprednisolone, Norco, Vicodin, and Zanaflex. On physical examination straight leg raising induces tingling in the posterior thigh to the knee with pain going down to buttock area. Left buttock pain is 60 degrees. Muscle tone is normal. There is mild hip abduction weakness bilaterally and plantar flexion weakness right greater than left at 5-/5. He has a blunt Achilles reflex on the right, 2+ on the left. Otherwise strength is normal.

Initial request for epidural steroid injection was non-certified on 02/27/15 noting that given the lack of diagnostic test, cannot adequately review and support the request for an epidural steroid injection at this time. The denial was upheld on appeal dated 03/13/15 noting that there is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The Official Disability Guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. There are no imaging studies/electrodiagnostic results submitted for review.

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. The submitted records fail to establish that the patient has been initially unresponsive to conservative treatment as required by the Official Disability Guidelines. Additionally, the Official Disability Guidelines state that radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. The submitted records fail to include an imaging study or EMG/NCV. As such, it is the opinion of the reviewer that the request for right lumbar sacral 1 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 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)