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Notice of Independent Review Decision

August 11, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar transforaminal ESI right L4 and L5

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

Pain Management Physician

REVIEW OUTCOME:

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

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained injury to his low back on xx/xx/xx, while unloading glass, and was treated with the help of medications and injections.

2014: On June 19, 2014, MRI of the lumbar spine revealed that there was loss of the normal lumbar lordosis, minimal retrolisthesis of L5 vertebra over S1, mild degenerative endplate changes seen at multiple levels and marginal osteophytes at multiple levels. At L2-L3, there was disc desiccation and mild diffuse 2 mm bulge indenting the thecal sac without any significant central canal or neural foraminal narrowing. At L3-L4, there was disc desiccation and mild diffuse 2 mm bulge indenting the thecal sac without any significant central canal or neural foraminal narrowing. At L4-L5, there was disc desiccation and diffuse 3 mm posterior and left foraminal bulge with annular fissure indenting the thecal sac, both L4 nerve roots and causing mild narrowing of central canal and neural foraminal bilaterally. At L5-S1, there was disc desiccation and 5 mm small broad-

based posterior herniation with annular fissure indenting the thecal sac both L5 nerve roots and causing mild narrowing of central canal and neural foramina bilaterally. There was mild generalized facet arthropathy detected. The study was performed for the indication of right lumbar sprain, right displacement of lumbar vertebral disc without myelopathy, right enthesopathy of hip region, right abdominal pain right lower quadrant (groin) and back and hip pain since May 5, 2014. It was noted that he had hurt his lower back/hip while unloading glass.

2015: On June 3, 2015, evaluated the patient for complaints of low back and right leg pain. It was noted that the patient had underwent transforaminal ESI at the right L4-L5 level on August 13, 2014, with 40% reduction in pain symptoms. The patient then had completed a course of physical therapy (PT) and stated his pain was tolerable. He currently had 4/10 pain in the low back. The pain was worse with sitting and standing, and improved with walking. On examination, there was decreased strength noted in the right lower extremity with attempted dorsiflexion and with testing of quadriceps musculature. The right patellar reflexes were hyperreflexic. There was lumbar pain with flexion. Right straight leg raising (SLR) was positive. diagnosed back pain with radiation, displacement of thoracic or lumbar intervertebral disc without myelopathy and lumbar intervertebral disc without myelopathy. The patient was recommended repeating lumbar TESI at L4, L5 under fluoroscopy.

Per utilization review dated June 24, 2015, the request for lumbar transforaminal ESI right L4 and L5 was denied with the following rationale: *“For the described medical situation, the above noted reference would not support this request to be one of medical necessity. This reference would not support the request to be one of medical necessity as there was no sufficient positive response to a past attempt at lumbar epidural steroid injection to currently support this specific request. As a result presently, medical necessity for this request is not currently established.”*

Per reconsideration review dated July 8, 2015, the appeal for lumbar transforaminal ESI right L4 and L5 was denied with the following rationale: *“The provider indicates that the patient was seen on June 3, 2015, and reported that he had undergone a previous injection on August 13, 2014, right L4 and L5 and reported 40% improvement following that injection. The guidelines state that after the initial block is performed and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported. Repeat injection should be based on continued objective documented pain relief, decreased need for pain medications and functional response. While the records indicate the patient had a previous injection with 40% reduction in pain, there was a lack of documentation that the most current request meet guideline criteria. There is no indication of medication reduction or functional improvement with previous injection. There is lack of documented 50-70% pain reduction for 6-8 weeks as recommended. Therefore, on appeal the recommendation is for non-certification.”*

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

Per ODG:

The guidelines state that after the initial block is performed and found to produce pain

relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported. Repeat injection should be based on continued objective documented pain relief, decreased need for pain medications and functional response. While the records indicate the patient had a previous injection with 40% reduction in pain, there was a lack of documentation that the most current request meet guideline criteria. There is no indication of medication reduction or functional improvement with previous injection

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES