

# ***Independent Resolutions Inc.***

***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:***

Orthopedic Surgery

### ***Description of the service or services in dispute:***

Left L4 Transforaminal 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 female whose date of injury is xx/xx/xx. The patient reports lifting and twisting at work. She felt a pop and had low back pain. MRI of the lumbar spine dated 12/11/14 revealed L3-4 is normal. At L4-5 there is mild bilateral facet arthropathy. Broad based posterior disc bulge is most pronounced in the left foraminal region where AP diameter is 4 mm. This causes moderate left neural foraminal stenosis. There is no significant central canal or lateral recess narrowing. There is mild right neural foraminal stenosis. Initial evaluation dated 02/02/15 indicates that she has been treated conservatively and now presents for physical therapy. Re-evaluation dated 03/02/15 indicates that she feels better after one month of physical therapy. Office visit note dated 05/27/15 indicates that the patient underwent left L4 SNRB on 04/14/15 and reports that the injection did seem to help her leg pain, but she is still having some low back and buttock pain. She got about a month's relief. She has been working her regular duty. Current medications are Tramadol, promethazine and Mobic. On physical examination reflexes at the knees and ankles are slightly diminished. Sitting root test is productive of left buttock pain. The patient was recommended to undergo second left L4 transforaminal injection.

Initial request for left L4 transforaminal steroid injection was non-certified on 06/04/15 noting that claimant has had one lumbar epidural steroid injection left L4 on 04/14/15. Office visit note dated 05/27/15 indicates epidural steroid injection provided relief for about 4 weeks. She is continued on Tramadol, promethazine and Mobic. There is no meaningful long term effectiveness with the first injection. Patient does not meet ODG criteria to repeat lumbar epidural steroid injection. The denial was upheld on appeal dated 06/25/15 noting that the first block did not provide significant relief. There were not profound reflex deficits, atrophy or MRI evidence of significant nerve root impingement.

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

The Official Disability Guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. The patient's physical examination fails to establish the presence of radiculopathy. The Official Disability Guidelines require documentation of at least 50% pain relief for at least 6 weeks prior to the performance of a repeat epidural steroid injection. The patient underwent prior L4 epidural steroid injection on 04/14/15. The submitted records indicate that the

injection provided unknown percentage of pain relief for approximately 4 weeks. As such, it is the opinion of the reviewer that the request for left L4 transforaminal 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 AHCPR-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 Médical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)