

# Applied Resolutions LLC

An Independent Review Organization

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## Notice of Independent Review Decision

Case Number:

Date of Notice: 11/20/2015

### 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:

Left transforaminal ESI (epidural steroid injection) L5-S1

**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 mechanism of injury is described as lifting a 60 pound X at work. The patient was treated with epidural steroid injections on 03/24/10 and 05/27/10, and the second injection did not help much, if any. The patient underwent L5-S1 microdiscectomy on 10/05/10. Peer review dated 04/13/15 indicates that she has persisting low back pain but not to the same degree as preop, and she has persisting mild left S1 radiculitis. It is opined that no injections are reasonable and necessary for the compensable injury. MRI of the lumbar spine dated 06/24/15 revealed at L5-S1 there is enhancement between the thecal sac and the left S1 nerve root, pattern of postoperative fibrosis. There is no evidence of recurrent disc herniation. There is some endplate irregularity inferiorly at L5 with a pattern of fatty marrow replacement. The right neural foramen is patent. There is mild hypertrophy posterior inferior corner of L5 to the left of midline with perhaps mild left L5-S1 neural foraminal narrowing. Clinic note dated 08/17/15 indicates that current medications are ethinyl estradiol/norgestimate, Excedrin The Official Disability Guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results, Prilosec, Ultracet, Robaxin, gabapentin and ibuprofen. She had a microdiscectomy performed last year. On physical examination there is a small amount of discomfort with manipulation and loading of lumbar facets as well as extension coupled with rotation. Musculoskeletal strength and sensation of the lower extremities is grossly intact. No deficits were appreciated. The patient was recommended to undergo a left L5-S1 transforaminal epidural steroid injection.

Initial request for left transforaminal epidural steroid injection L5-S1 was non-certified on 08/25/15 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 is no current, detailed physical examination submitted for review and no imaging studies/electrodiagnostic results were submitted for review. The denial was upheld on appeal dated 09/22/15 noting that per the ODG criteria, there is no clinical evidence of radiculopathy on examination to support for a left transforaminal epidural

steroid injection despite MRI finding.

***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. There is no documentation of any recent active treatment. The Official Disability Guidelines report 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 patient's physical examination fails to establish the presence of active radiculopathy. Additionally, peer review dated 04/13/15 states that no injections are reasonable and necessary for the compensable injury. As such, it is the opinion of the reviewer that the request for left transforaminal epidural steroid injection L5-S1 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)