

C-IRO Inc.

An Independent Review Organization

1108 Lavaca, Suite 110-485

Austin, TX 78701

Phone: (512) 772-4390

Fax: (512) 519-7098

Email: resolutions.manager@ciro-site.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Feb/17/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: bilateral L4-5 transforaminal ESI, epidurography, radiology, anesthesia

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Anesthesiology and Pain Medicine

REVIEW OUTCOME: 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of the reviewer that the request for bilateral L4-5 transforaminal epidural steroid injection, epidurography, radiology, anesthesia is not recommended as medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female whose date of injury is xx/xx/xx. The mechanism of injury is not described. The patient is noted to be status post lumbar fusion in 2001 with a redo fusion in 2003. The patient underwent lumbar transforaminal epidural steroid injection bilateral S1 on 11/10/14. Office visit note dated 12/05/14 indicates that the patient returns to clinic for follow up on bilateral S1 transforaminal epidural steroid injection with 60% relief of her pain. Current medications are Ambien, cyclobenzaprine, Lyrica and Norco. On physical examination there is decreased range of motion of the lumbar spine. Lasegue/Patrick's/pelvic rock tests are positive. There is tenderness at the bilateral paravertebral region from L3 through S1. Tone is normal. Sensation is intact throughout.

The initial request for bilateral L4-5 transforaminal epidural steroid injection, epidurography, radiology, and anesthesia was non-certified on 12/12/14 noting that ODG criteria have not been met. Furthermore, in a procedural note dated 11/10/14 it is noted that the patient is status post lumbar fusion and an attempt at doing bilateral L4-5 was impossible given the fusion mass which prevented the needle going near the foramen. The procedure was then switched to bilateral S1 transforaminal epidural steroid injection. There is no indication as to why a repeat of this procedure would result in a successful injection. The denial was upheld on appeal dated 12/22/14 noting that the medical records clearly indicated that at the time of the initial epidural, it was not possible to do the L4-5 approach due to the fusion mass. Also, there was no documentation addressing the previous finding and why now that approach would be possible and the patient has not had a document of 50% benefit for at least 6 weeks postop.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient underwent transforaminal epidural steroid injection bilateral S1 on 11/10/14. This procedure note states that the patient is status post lumbar fusion and an attempt at doing bilateral L4-5 was impossible given all the fusion mass which prevented the needle going near the foramen. The procedure was subsequently switched to bilateral S1 transforaminal epidural steroid injection. There is no clear rationale provided as to how this injection will be performed at L4-5 at this time given that it was previously impossible due to fusion mass. Additionally, there are no imaging studies/electrodiagnostic results submitted for review. 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 prior to the performance of a lumbar epidural steroid injection. As such, it is the opinion of the reviewer that the request for bilateral L4-5 transforaminal epidural steroid injection, epidurography, radiology, anesthesia is not recommended as medically necessary and the prior denials are upheld.

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

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & 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)