

INDEPENDENT REVIEWERS OF TEXAS, INC.

2150 S. Central Expressway · Suite 200-264 · McKinney, Texas 75070

Office 214-533-2864 Fax 469-219-3349

e-mail: independentreviewers@hotmail.com

Notice of Independent Review Decision

02/03/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: diagnostic epidural steroid injection ESI at left L5-S1 with monitored anesthesia care MAC and sedation

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

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 of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

Complaint - This gentleman was injured while working. The medical records that have been presented for review in this case show that he fell while he was climbing up the stairs and he had the onset of low back pain

He went with complaints of low back pain without radiation. The doctor noted symmetrical reflexes, strength and sensation in the bilateral lower extremities with positive straight leg-raising on the left. There was pain to palpation of the left SI joint. . An MRI was performed at Global Imaging that reported mild disc space narrowing at L5-S1 with severe narrowing and a diffuse disc-osteophyte complex at L4-5. There was facet hypertrophy and ligamentum flavum hypertrophy with no

significant foraminal stenosis.

This gentleman was examined on 11/18/14. The doctor noted negative straight leg raising with diminished reflexes in the lower extremity and he recommended epidural steroid injections.

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

Criteria for performance of an epidural steroid injection include objective findings of radiculopathy. A subjective complaint of leg pain is not sufficient. This gentleman has had repeated neurological examinations that found symmetrical reflexes, strength and sensation in the bilateral lower extremities with negative straight leg-raising. There are no physical findings that are consistent with a diagnosis of lumbar radiculopathy. The MRI reported degenerative findings with no lateralizing disc herniations that would be consistent with a lumbar radiculopathy. The facet hypertrophy and ligamentum flavum hypertrophy along with the diffuse disc-osteophyte complex are significant for a diagnosis of degenerative disc disease. There are no objective findings that provide evidence for a diagnosis of radiculopathy for performance of a diagnostic epidural steroid injection. He does have documentation of pain to palpation of the left SI joint and he may have mild referred pain from that area rather than from a spinal nerve.

IRO REVIEWER REPORT TEMPLATE -WC

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

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