

CALIGRA MANAGEMENT, LLC
1201 ELKFORD LANE
JUSTIN, TX 76247
817-726-3015 (phone)
888-501-0299 (fax)

Notice of Independent Review Decision

December 29, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar ESI #2

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:

Overturned (Disagree)

Medical documentation supports the medical necessity of the health care services in dispute.

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 female who sustained a work-related injury to the lower back, coccyx and right arm on xx/xx/xx.

On August 11, 2014, a magnetic resonance imaging (MRI) was performed for indication of work-related low back pain. At L1-L2, there was mild desiccation present with a left paracentral and left lateral foraminal 6-mm disc herniation creating compression of the thecal sac and encroachment of the left L2 and emanating L1 nerve root. At L4-L5, there was mild disc desiccation present with a left paracentral 6-7 mm disc herniation with facet hypertrophy creating moderate compression of the thecal sac with left L5 nerve root and foraminal encroachment. An annular fissure was noted. The impression was lateralizing left-sided prominent disc herniations at L1-L2 and L4-L5.

On August 28, 2014, performed a designated doctor evaluation (DDE) and opined the patient had reached maximum medical improvement (MMI) on August 28, 2014, with 5% whole person impairment (WPI). He stated the L5 herniated nucleus pulposus (HNP) and lumbar radiculopathy were not a part of the present injury. The patient was to be prevented from returning to work from August 26, 2014, to present with restrictions. The patient had a sedentary physical demand level (PDL). ordered a functional capacity evaluation (FCE) to determine her work status and restrictions. *Additional records were reviewed which included Employers First Report of Injury or Illness dated xx/xx/xx, that noted the patient had sprained right hip, right wrist and right shoulder. X-rays of the right shoulder, right hand, right hip and lumbar spine dated xx/xx/xx, performed was unremarkable. On July 2, 2014, evaluated the patient and diagnosed lumbar HNP. On August 15, 2014, reviewed MRI of August 11, 2014, and felt the desiccation at L1-L2 and L4-L5 were age-related and degenerative or chronic in nature and a disease of life.*

On October 7, 2014, performed a fluoroscopically-guided translaminar epidural steroid injection (ESI) at L4-L5 interspace and epidurogram/neurogram.

On October 9, 2014, evaluated the patient for management of her low back symptoms. The patient reported the pain to be achy and sharp in nature. The pain was rated at 6/10. The patient reported she did receive relief from the lumbar injection that was performed on October 7, 2014. The review of systems (ROS) was positive for limitation of motion and stiffness. On examination, the lumbar spine revealed restricted active range of motion (ROM) of flexion 60/95 and extension 20/35 with pain. There was tenderness to palpation over L4, L5, S1 and bilateral paraspinal muscles. The pain radiated through the left gluteus. diagnosed lumbar facet syndrome, shoulder sprain and lumbar HNP. The patient was recommended two visits of physical therapy (PT) and return in one week.

On October 16, 2014, noted that the patient continued with minimal radiating pain on her right leg. noted the patient was approved for therapy and scheduled her for two post-injection lumbar PT. The patient was to return for follow up in one week.

On October 16, 2014, the patient underwent PT initial evaluation. The patient was recommended therapy three times a week for four weeks with modalities to include therapeutic activities, therapeutic exercises, neuromuscular re-education, manual therapy/joint mobilization, myofascial release/soft tissue mobilization, ice, heat, functional ADL, biofeedback, ultrasound, electrical stimulation, stabilization training, balance training/proprioception, fall prevention, sensory integration, aquatics, laser, mechanical traction and taping.

On October 20, 2014, and October 22, 2014, the patient underwent PT with modalities to include hot pack, electrical stimulation, PT land exercises, lumbar spine exercises, shoulder exercises, bike and UBE.

On October 23, 2014, performed a peer review and opined that injections, post-injury PT and CPMP were not directly related to the compensable injury. Given that the patient was over eight weeks from the date of injury, and any ongoing treatment would be unrelated. However, the ODG do recommend two post-injection PT sessions. In addition, the patient was less than xx from date of injury at the current time and a chronic pain management program (CPMP) would not be related for the compensable injury per ODG. *Additional records were reviewed which included a functional capacity evaluation (FCE) dated October 3, 2014, that revealed the patient to have a sedentary PDL versus a heavy PDL required per the job. The patient also underwent a behavioral health evaluation on October 3, 2014, to determine the appropriateness for a CPMP. The patient rated the pain at 8/10 on average and had a depressed mood. She had a BDI score of 28 and a BAI score of 29. The patient was recommended a CPMP. Per a preauthorization request dated October 10, 2014, the patient was recommended CPMP to achieve clinical MMI and gainful employment.*

On October 23, 2014, saw the patient in follow up. The patient complained of increased low back pain and rated it at 4/10. This was improved from her initial visit. The patient had a lumbar ESI at L4-L5 and before the injection she had a radicular component extending into the left lower extremity of the foot. After the injection, the patient reported her symptoms had centralized with radiculopathy just to the buttock region on the left. She reported approximately 50% improvement in her symptoms. She was able to walk without increased difficulty. Most of her pain was central across the spine extending into the left buttock. The patient was utilizing tramadol and Zanaflex on an as-needed basis. Review of systems was positive for increased low back pain with arthralgias, myalgias and joint swelling. On examination, the lumbar spine showed increased tenderness to palpation from the S2 region extending superiorly into approximately the L3 region. The radiculopathy had improved with radicular component extending out into the left buttock alone. There was decreased ROM with positive straight leg raise (SLR) on the left recreating slight radicular component into the lateral left hip. There was decreased sensation with 5/5 strength in the upper and lower extremities bilaterally. The diagnoses were lumbar displacement, muscle spasm, lumbar neuritis/radiculitis and backache NOS. recommended a second transforaminal ESI followed by therapy. The patient was to return in four weeks or two weeks post injection whichever was first. Tramadol, Zanaflex and Lodine were prescribed.

Per a utilization review dated November 5, 2014, the request for transforaminal ESI at right L4-L5 under epidurogram and fluoroscopic guidance between October 31, 2014, and December 30, 2014, was denied with the following rationale: *"The clinical information submitted for review fails to meet the evidence-based guidelines for the requested service. The patient is a patient who was injured on xx/xx/xx, due to a motor vehicular accident. She is currently diagnosed with lumbar disc displacement and lumbar neuritis/radiculitis. A request was made for a right L4-L5 transforaminal ESI under epidurogram and fluoroscopic guidance. Lumbar x-rays on June 25, 2014, noted five lumbar vertebrae with well-maintained alignment and spacing. A lumbar MRI on August 18, 2014, noted left-*

sided disc herniations at L1-L2 and L4-L5. The patient was then noted to have received an L4-L5 transforaminal ESI on October 7, 2014. On October 23, 2014, she presented for a follow-up evaluation stating that she obtained 50% improvement with her symptoms from her injection. She was able to walk without increased difficulty. Her current medications include tramadol, Lodine and Zanaflex. The physical examination showed "loss of sensation" across the posterior buttock into the left hip, positive left SLR test, symmetric deep tendon reflexes and normal strength. There is, however, no clear evidence of radiculopathy to the right L4-L5 and this is not supported by the submitted MRI report. There was also no clear documentation that a recent regimen of PT subsequent to her previous ESI has been instituted prior to this request for a second injection. In addition, there is a lack of documentation of continued objective documented pain relief, decreased need for pain medications and functional response. Therefore, the request for one transforaminal ESI at the right L4-L5 under epidurogram and fluoroscopic guidance is non-certified."

Per a reconsideration review dated November 25, 2014, the appeal for transforaminal ESI at right L4-L5 under epidurogram and fluoroscopic guidance between October 31, 2014, and December 30, 2014, was denied with the following rationale: *"This is a non-certification of an appeal of a transforaminal ESI on the right at L4-L5 with epidurogram and fluoroscopy. The previous non-certification was not provided for review. The previous non-certification is supported. Additional records included a reconsideration letter. Official Disability Guidelines - Treatment in Workers' Compensation requires objective evidence of radiculopathy on physical examination and corroboration on imaging studies. The MRI reported no evidence of nerve root impingement. The records do not reflect previous physical therapy, exercise or use of non-steroidal anti-inflammatories. There was no documentation of the requisite pain relief for six to eight weeks after the previous block with decreased pain medication use. The request for an appeal of a transforaminal ESI on the right at L4-L5 with epidurogram and fluoroscopy is not certified."*

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

The requested procedure is medically necessary and follows ODG guidelines due to presence of radiculopathy and documentation of improvement following first ESI and other treatments which meets criteria.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES