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Case Number:

Date of Notice: 06/23/2015

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:

Caudal ESI Right 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 patient reports a sharp, intense pain on the date of injury as a result of moving a crate. The patient underwent L4 and L5 lumbar laminectomy in December 2002. MRI of the lumbar spine dated 02/02/10 revealed a central posterior disc protrusion at L4-5 with slight lateralization to the left; prior laminectomy changes at L4-5 and L5-S1; small right lateral disc protrusion L3-4 narrowing the right neural foramen. Mental health and behavior assessment dated 08/31/11 indicates that treatment to date includes steroid injection, medication management, surgery, physical therapy, chiropractic treatment, massage, chronic pain management program and light duty. The patient underwent spinal cord stimulator implant in October 2012 and right hip surgery in 2014. Office visit note dated 06/18/15 indicates that the patient's chief complaint is low back pain with bilateral leg pain. Current medications are listed as hydrocodone, Cymbalta, Elavil, quinine, clonazepam and Zanaflex. On physical examination straight leg raising is positive on the right at 30 degrees. There is decreased pinprick to the dorsum of the right foot. There is a left foot drop.

The initial request for caudal epidural steroid injection right L5-S1 was non-certified on 05/07/15 noting that while the has continued chronic pain with leg pain and reported favorable results with prior epidural injections, the June 2012 appears to indicate inconsistent findings. On the one hand the patient reported 100% relief yet still had a high pain rating. Orthopedic tests were also positive. The most recent MRI is from 2010. Appeal letter dated 05/21/15 indicates that the patient did have 100% relief of low back pain and left leg pain, but still complained of a constant sharp right leg pain. It is reported that the patient has a spinal cord stimulator, and therefore, the epidural steroid injection is not a standalone treatment. The patient is unable to undergo MRI testing due to the presence of the spinal cord stimulator. The denial was upheld on appeal dated 06/01/15 noting that the clinical information submitted does not provide documentation that the patient has undergone a recent imaging study or electrodiagnostic study with findings indicative of a radiculopathy at the requested level. The imaging study provided is 5 years past.

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

The patient sustained injuries in xx/xxxx as a result of moving a crate. There is no comprehensive assessment of recent treatment completed to date or the patient's response thereto submitted for review.

Additionally, the lumbar MRI submitted for review is over 5 years old. There is no indication that the patient has undergone recent imaging or electrodiagnostic testing. The Official Disability Guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. As such, it is the opinion of the reviewer that the request for caudal epidural steroid injection right 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)