

# US Decisions Inc.

An Independent Review Organization  
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**DATE NOTICE SENT TO ALL PARTIES:** Jun/24/2015

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** left L4-L5 transforaminal epidural steroid injection, epidurography, fluoroscopy, radiologic exam, sedation

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** D.O., Board Certified Physical Medicine and Rehabilitation

**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 left L4-5 transforaminal epidural steroid injection, epidurography, fluoroscopy, radiologic exam, sedation is not recommended as medically necessary

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male whose date of injury is xx/xx/xx. On this date he bent over to pick up metal crates and heard his back pop. MRI of the lumbar spine dated 08/21/14 revealed at L4-5 there is a broad 2 mm disc protrusion/herniation with a 3 mm central component which extrudes inferiorly. There is mild thecal sac stenosis and very mild bilateral neural foraminal narrowing. Initial psychiatric evaluation dated 12/04/14 indicates that the patient has been participating in a work hardening program. Diagnoses are depressive disorder, rule out anxiety disorder, rule out pain disorder with psychological factors. Functional capacity evaluation dated 12/12/14 indicates that current PDL is medium and required PDL is heavy. Post designated doctor required medical examination dated 12/17/14 indicates that treatment to date includes physical therapy, left L4-5 transforaminal epidural steroid injection on 09/25/14 which was effective for 5 days and pain returned. Clinical impression is strain/sprain, lumbar spine.

The patient was determined not to have reached maximum medical improvement as he was in the process of undergoing an EMG/NCV study. The patient underwent left L4-5 transforaminal epidural steroid injection on 01/16/15. The patient underwent left L4-5 discectomy and decompression on 02/19/15. MRI of the lumbar spine dated 03/17/15 revealed at L4-5 osteophyte formation and bulging is seen. There is flattening of the ventral aspect of the thecal sac. There is 10% spinal canal stenosis, lateral recess stenosis and foraminal narrowing. There is less of an impression at this level compared to the prior examination. Progress note dated 03/31/15 indicates that the patient complains of low back pain rated as 8/10 VAS. Current medications are Naproxen, Norco, Valium and Xanax. On physical examination sensation is intact in the bilateral lower extremities. Lumbar range of motion is mildly reduced with mild pain. Facet loading causes pain. Strength is 4/5 left ankle dorsiflexion.

Initial request for left L4-5 transforaminal epidural steroid injection, epidurography, fluoroscopy,

radiologic exam, sedation was non-certified on 04/06/15 noting that the submitted medical documentation did not contain any clinical evaluation from the requesting provider to indicate the patient's current signs and symptoms. Physical examination findings suggestive of left L4-5 radiculopathy were not provided. The patient had a prior epidural steroid injection at L4-5; however, the response to the prior epidural steroid injection in terms of percentage of pain relief and duration of pain relief was not noted. The denial was upheld on appeal dated 04/30/15 noting that clinical documentation submitted for review does not address concerns of the prior reviewer. Physical examination findings are relatively consistent with pre-operative findings. The clinical documentation submitted for review did not identify any long term relief obtained with previous epidural steroid injections. The clinical documentation does also does not rule out infectious abscess versus seroma development at L4-5 which was concern of the radiologist per his MRI study. It is unclear why fluoroscopy and radiological exams was ordered as epidurography is standard with epidural steroid injections for guidance. There is also no indication of any significant needle phobia or procedural anxiety to require sedation.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The patient sustained injuries on xx and has undergone prior epidural steroid injections at L4-5 without significant benefit. The patient subsequently underwent L4-5 discectomy on 02/19/15; however, there is no comprehensive assessment of postoperative 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. The patient's physical examination fails to establish the presence of active radiculopathy. Additionally, there is no documentation of extreme anxiety or needle phobia to support the request for sedation. As such, it is the opinion of the reviewer that the request for left L4-5 transforaminal epidural steroid injection, epidurography, fluoroscopy, radiologic exam, sedation 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)