



Notice of Independent Review Decision - WC

DATE OF REVIEW: 03/06/15

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar transforaminal ESI Right L4/L5

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Board certified in 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 or not medical necessity exists for each of the health care services in dispute:

- Lumbar transforaminal ESI Right L4/L5 - Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

The records available for review indicate that a lumbar MRI scan was obtained on 06/18/14. The study revealed findings consistent with the presence of a disc bulge at the L4-L5 and L5-S1 disc levels. The report did not describe the presence of a compressive lesion upon a neural element in the lumbar spine.

A medical document dated 11/17/14 indicated that subjectively there were symptoms of low back pain with radiation to the right lower extremity described as a 4/10 on a scale of 1 to 10. Objectively, there was documentation of good strength in the lower extremities with intact sensation.

An electrodiagnostic assessment of the lower extremities obtained on 12/03/14 was documented to reveal findings consistent with a bilateral L5 radiculopathy of a chronic nature.

A medical document dated 01/07/15 indicated that subjectively there were symptoms of low back pain with radiation to the right lower extremity described as a 4/10 on a scale of 1 to 10. There was documentation of good strength in the lower extremities, a normal gait pattern, as well as intact sensation in the lower extremities.

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

Based upon the medical documentation currently available for review, Official Disability Guidelines would not support a medical necessity for a lumbar epidural steroid injection. A lumbar MRI scan obtained on 06/18/14 did not reveal findings definitively worrisome for a compressive lesion upon a neural element in the lumbar spine. There would appear to be a lack of correlation with respect to documented electrodiagnostic test results with lumbar MRI test results. The records available for review do not document the presence of findings consistent with a lumbar radiculopathy with respect to physical examination findings. As such, based upon the medical documentation available for review, Official Disability Guidelines would not support a medical necessity for treatment in the form of a lumbar epidural steroid injection.

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

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**