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September 24, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral L4-L5 transforaminal ESI

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

Diplomate, American Board of Physical Medicine and Rehabilitation and Pain Medicine

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who was injured on xx/xx/xx. The patient injured his lower back; however, the mechanism of injury is not available in the records.

evaluated the patient August 15, 2012, for a follow-up to discuss his impairment rating down by on July 31, 2012. The patient complained of low back pain radiating to the bilateral lower extremities. He had undergone a spinal cord stimulator (SCS) implantation. The patient was utilizing Celebrex, Effexor and Lortab. Examination of the lumbar spine demonstrated paravertebral muscle spasm, tenderness in the midline and decreased range of motion (ROM). the patient was diagnosed with chronic pain syndrome, lumbago, lumbar/thoracic radiculopathy and lumbar spinal stenosis. The IR was reviewed and the patient was advised to follow-up with his primary care physician (PCP) for his Celebrex.

In follow-ups From November 15, 2012, through August 29, 2013, the patient was maintained on medications that included Lortab and venlafaxine.

From November 26, 2013, through December 16, 2014, the patient was given refills of Norco and venlafaxine. It was noted the patient had been on the SCS seven years ago but was no non-functional.

In follow-ups on January 14, 2015, and February 13, 2015, the patient was given refills of Norco.

On February 24, 2015, performed internal pulse generator explanation and removal of electrodes and incision and revision with closure of packet.

The patient had monthly follow-ups with on March 10, 2015, April 9, 2015, May 8, 2015, and July 15, 2015. He rated his low back pain as 5/10. The diagnoses were lumbar spinal stenosis, lumbar thoracic radiculopathy, lumbago and chronic pain syndrome. A topical gel comprising metronidazole, Phenytoin and lidocaine was prescribed. Urine drug screen (UDS) were performed for compliance issues.

On May 8, 2015, discontinued Norco as it was no longer working. He was started on Percocet 10/325 mg. the patient refused SCS and was asking other alternatives.

On August 7, 2015, a magnetic resonance imaging (MRI) of the lumbar spine was performed. The study revealed 1. Retrolisthesis, left posterolateral disc bulge at L1-L2 with anterior spurring. 2. Degenerative disc narrowing, mild anterolisthesis, posterior central disc protrusion, spondylotic disc bulge, asymmetric on the left with bilateral facet hypertrophy and degenerative changes and left foraminal mild stenosis at L4-L5. Posterior central disc protrusion at L5-S1. 4. Spondylotic disc bulge with mild central protrusion and facet degenerative changes at L2-L3. 5. No evidence of vertebral compression.

On August 12, 2015, the patient reported a low back pain score of 4/10. reviewed the lumbar MRI and requested a bilateral L4-L5 transforaminal ESI for pain control. Refills were given for Percocet and Sinelee adhesive patch.

Per a utilization review dated August 21, 2015, the request for outpatient bilateral ESI at L4-L5 under fluoroscopy and with epidurography and anesthesia was denied with the following rationale: *“Based upon the submitted information, ODG criteria for repeat ESIs are not met. Dates of and amount/duration of response to previous ESIs are not documented. No objective evidence of radiculopathy is documented on physical exam.”*

Per utilization review dated August 27, 2015, the appeal for bilateral ESI at L4-L5 under fluoroscopy and with epidurography and anesthesia was denied with the following rationale: *“I n this case, the claimant is a who has chronic pain in the lumbar spine which failed to respond from prior care including epidural steroid injection. The documentation does not outline that the claimant had adequate pain relief from the prior epidural steroid injections to support a repeat block. As the guidelines recommend pain relief of at least SO 70% pain relief for at least 6-8 weeks for repeat block, the criteria for the requested invasive procedure have not been met. The medical necessity is not evident; therefore, non-certification is warranted. Without approval for the epidural steroid injection, the epidurography and anesthesia are not indicated.”*

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

Most of the visit notes indicate no neurological deficits. There are no notes available which support the diagnosis of radiculopathy other than the ICD codes. The criteria for radiculopathy has not been met on ODG.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION: ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES