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An Independent Review Organization

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IRO Express Inc.
Notice of Independent Review Decision

Case Number: XXXXXX

Date of Notice: 08/18/2015

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:

LESI Right @ L5-S1 with fluroscopy sedation

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 male who was injured on XX/XX/XX. The patient was noted to have had a history of a symptomatic L4-5 herniated disc over the last 5 years. It is unclear whether prior injections had been completed. The patient was referred to physical therapy and attended 3 sessions through 05/14/15. Per the reports, the patient was utilizing muscle relaxants and anti-inflammatories but still reported low back pain radiating through the lower extremities. The patient reported difficulty tolerating long periods of driving. The patient was slow and sluggish with all activities. The recommendation was to continue with physical therapy. MRI studies of the lumbar spine completed on 06/12/15 noted disc desiccation and loss of disc height at L5-S1 with a 4mm protrusion noted with annular fissuring. There was mild facet arthritis present. There was mild central and lateral recess as well as foraminal narrowing noted. The patient was being followed by for pain management. The 06/30/15 clinical report noted ongoing issues with low back pain that had not improved with physical therapy or medications. The patient also described tingling and needle like sensations in the lower extremities with associated weakness. The patient's physical examination noted positive straight leg raise signs bilaterally. There was poor heel and toe walking capability. The 07/13/15 evaluation did not provide any updated physical examination findings. The requested L5-S1 epidural steroid injection with fluoroscopy and sedation was denied on 07/08/15 as there only generalized symptoms in the lower extremities with no focal findings consistent with radiculopathy. No clear evidence of neurocompression was evident on MRI studies.

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

The patient's physical examination findings are not clearly indicative of an active L5-S1 lumbar radiculopathy. The patient was reported as having difficulty with heel and toe walking with positive straight leg raise signs bilaterally. The records did not identify any focal motor weakness, sensory changes, or reflex

deficits indicative of an L5-S1 radiculopathy. Per guidelines, there should be clear unequivocal evidence regarding lumbar radiculopathy to support epidural steroid injections. No confirmatory findings on electrodiagnostic studies were available for review and MRI studies did not identify clear evidence of nerve root compression at the L5-S1 level. Furthermore, the records did not identify any issues with procedural anxiety or needle phobia that would have required sedation during the epidural steroid injection. Therefore, it is this reviewer's opinion that medical necessity for the request has not been established and the prior denials remain upheld.

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)