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Notice of Independent Review Decision

Case Number:

Date of Notice: 09/15/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

Description of the service or services in dispute:

Caudal Epidural Steroid Injection

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 whose date of injury is XX/XX/XX. The patient reports he was injured when a x fell over next to him and hit him in the right side of his back and right shoulder. MRI of the lumbar spine dated 01/28/15 revealed there is a grade 1 to 2 spondylolisthesis of L5 on S1. The anterolisthesis of L5 on S1 increases in severity with weightbearing. There is advanced degenerative disc disease L5-S1 with loss of height of the inferior endplate body of L5 more pronounced posteriorly. Spondylosis and disc bulging L5-S1 extends greater to left posterior laterally with severe left foraminal stenosis and moderate to moderately severe right foraminal stenosis. L4-5 degenerative disc disease, disc bulging and shallow midline disc protrusion are noted. There is L3-4 degenerative disc disease with disc bulging. Note dated 04/01/15 indicates that the patient has had 7 sessions of physical therapy. He denies any radiating leg pain. Note dated 04/29/15 indicates that the patient reports approximately 50% improvement with physical therapy. Note dated 06/15/15 indicates that the patient reports 80% back pain and 20% leg pain rated as 8/10. On physical examination the patient has a normal heel-strike, toe-off gait pattern. There is tenderness to palpation in the left lumbar paraspinous region. He has 50 degrees of forward flexion and 5 to 10 degrees of back extension. Straight leg raising is positive on the left, negative on the right. Sensation is decreased in the right lower extremity. Strength is 5/5 in hip flexion, leg extension and leg flexion bilaterally. He has 4/5 weakness in bilateral tibialis anterior and EHLs.

Initial request for caudal epidural steroid injection was non-certified on 06/26/15 noting that the patient experienced 50% improvement with use of physical therapy. Guidelines recommend the use of an epidural steroid injection in patients initially unresponsive to conservative treatment. The denial was upheld on appeal dated 08/07/15 noting that documentation submitted for review still does not provide information regarding the failure of conservative care.

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

The patient sustained injuries in; however, the earliest record submitted for review is dated January 2015. There is no information provided regarding treatment provided prior to January 2015. The patient subsequently underwent a course of physical therapy in 2015 with 50% improvement. The Official Disability Guidelines note that epidural steroid injections are supported for patients who are initially unresponsive to conservative treatment including exercises, physical methods, NSAIDs, muscle relaxants and neuropathic drugs. Additionally, 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 document a sensory or motor deficit in a dermatomal or myotomal distribution. As such, it is the opinion of the reviewer that the request for caudal epidural steroid injection 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)