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An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 09/04/2015

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:

Repeat Right L5-S1 Transforaminal 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)

Patient is an individual. On 04/10/15, the patient was seen in clinic for increasing low back pain and lumbar radicular symptoms. On exam, the patient had a positive straight leg raise on the right at 30-35 degrees and decreased pinprick sensation was noted on the left in an L5-S1 distribution. An L5-S1 transforaminal epidural steroid injection was to be performed. On 04/17/15, the patient was taken to surgery suite and was given a right L5-S1 transforaminal epidural steroid injection.

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

On 05/15/15, a utilization review report for the requested repeat right L5-S1 transforaminal epidural steroid injection non-certified the request as it was noted the case management notes indicated that this patient received 80% relief from the 1st injection, and there was no documentation of a decreased need for pain medications or functional response and therefore the request was non-certified. On 06/29/15, an appeal determination letter was submitted for the requested repeat right L5-S1 transforaminal epidural steroid injection, and it was noted the request was non-certified. The rationale given was that there was a lack of objective documentation supporting decreased pain scores and increased function of at least 50-70% for 6-8 weeks or decreased medication use from the previous epidural steroid injection. Therefore the request was non-certified.

The records submitted for this review indicate the patient received this injection, but does not indicate that he was seen back in clinic to objectively document decreased pain on a VAS or other similar pain scale, or decreased medication usage or increased function over 6-8 weeks as recommended by the guidelines. Therefore it is the opinion of this reviewer that the request for repeat right L5-S1 transforaminal epidural steroid injection is not 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 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)