



Professional Associates, P. O. Box 1238, Sanger, Texas 76266 Phone: 877-738-4391 Fax: 877-738-4395

Date notice sent to all parties: 03/17/16

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left L5-S1 transforaminal epidural steroid injection (ESI) with sedation

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

Board Certified in Orthopedic Surgery

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 medical necessity exists for each of the health care services in dispute.

Left L5-S1 transforaminal ESI with sedation – Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the Employer's First Report of Injury or Illness, the patient stated he pulled a muscle in the back of his left leg on XX/XX/XX when he was stacking and pulling cartons. XX examined the patient on XX/XX/XX. He had left lower back pain that went down his left leg. He had no back stiffness, decreased range of motion, and no lower extremity weakness, numbness, or tingling. He had pain in the mid low back that radiated to the left buttock, thigh, and calf. He had tenderness at L3, L4, and L5 and bilateral spasms. Range of motion was full, but painful and his lower extremity DTRs were normal. The assessment was a lumbar sprain. Cyclobenzaprine, Etodolac, and therapy were prescribed. He was also placed on light duty. XX examined the patient in therapy on XX/XX/XX.

He denied paresthesias and weakness. Therapy was recommended three times a week for two weeks and would include therapeutic exercises and activities, manual therapy, and modalities as needed. The patient then attended therapy on XX/XX/XX, XX/XX/XX, XX/XX/XX, and XX/XX/XX. On XX/XX/XX, the patient followed-up with XX. His lower back was better, but he still had some pain in the back of his upper left thigh. He felt a pull in it, especially when getting up. His examination was essentially unchanged. A Medrol Dosepak and point relief gel were prescribed and modified duty was continued. The patient returned XX on XX/XX/XX. He was better, but his pain level was 5/10. An MRI had been approved, as well as a Doppler study. His pain was primarily in the left posterior thigh going up to his left lower back and left calf. In the thigh, there was no deformity, tenderness, and strength was normal. He had left sided lumbar spasms, but there was no tenderness and range of motion was full. He had a normal gait. The assessments were a lumbar sprain and leg pain. He was advised to obtain the Doppler study and MRI, which were performed on XX/XX/XX. The Doppler study did not reveal any left lower extremity FVT, but there was a 1.9 x 1.2 x 1.4 cm lobular cystic mass posterior to the left knee that was non-specific and it contained no Doppler flow. The lumbar MRI revealed a developmental spinal canal narrowing at L3-L4 to L5-S1 with superimposed spondylitic changes resulting in mild to moderate spinal canal stenosis at L4-L5. There was no significant neural foraminal narrowing. On XX/XX/XX, the patient informed XX that he had low back pain that shot down the left leg, but he did not feel any numbness or tingling. The MRI was noted to show bulges at L1, L2, L3, L4, and L5. His examination was essentially unchanged. Cyclobenzaprine was refilled and he was referred to an orthopedic spine surgeon. XX examined the patient on XX/XX/XX. The patient had pain in the back down his left buttock and thigh and calf to the level of his ankle. He felt he was unchanged with the treatment provided and was currently on Ibuprofen and Cyclobenzaprine. He was noted to be working full time. He was 67 inches tall and weighed 164 pounds. He had left lumbar sacral tenderness and mild left buttock pain. He could flex his fingers to the mid tibias at which point he got buttock and thigh pain. He was able to stand on his toes and heels. SLR was negative on the right at 90 degrees the seated position and was positive at 80 degrees on the left. Strength was 5/5 in the bilateral lower extremities and sensory examination was normal. XX was unable to elicit reflexes at the knees or ankles. X-rays that day revealed no gross instability on flexion and extension views and the XX/XX/XX MRI was reviewed. It was felt he had persistent left S1 radicular irritability with a positive tension sign and pain in the S1 distribution. XX noted the MRI did not suggest any evidence of a clear posterior lesion at L5-S1. He agreed the diagnosis was a lumbar sprain with a radicular component with positive tension sign. A left L5-S1 transforaminal epidural steroid injection (ESI) was recommended. Following the ESI, if he still had S1 radiculopathy and a positive tension sign, they would obtain an EMG/NCV study. Cyclobenzaprine and Ibuprofen were refilled. The problems of lumbosacral radiculitis and lumbosacral neuritis or radiculitis were added. Therapy was also recommended. On XX/XX/XX, XX provided a preauthorization request for a transforaminal left L5-S1

ESI with sedation, which XX, provided an adverse determination for on XX/XX/XX. XX reevaluated the patient on XX/XX/XX. It was noted the additional therapy had been denied and the ESI was awaiting approval. His neurological examination was normal and he had no lumbar tenderness with full range of motion that was painful. The patient followed-up once again with XX on XX/XX/XX. He noted his leg was a bit better, but he still had pain in the posterior thigh and he noted the ESI was pending approval. His examination was unchanged. On XX/XX/XX, XX office provided an appeal request for the left L5-S1 transforaminal ESI with sedation. On XX/XX/XX, XX provided another adverse determination for the requested left L5-S1 transforaminal ESI with sedation.

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

Based on the medical documentation reviewed, the patient appeared to have sustained a lumbar strain on XX/XX/XX. The mechanism of injury described was stacking and pulling cartons. The MRI scan on XX/XX/XX does not show significant neural compression with a disc bulge and facet hypertrophy at L5-S1 creating only mild foraminal stenosis. There was borderline narrowing due to congenital findings. The physical examinations do not show any positive findings, to include abnormal strength and sensation, and his reflexes were intact. When he was seen on XX/XX/XX, he had normal strength and sensation in the bilateral lower extremities. When he was originally evaluated on XX/XX/XX, he had no weakness, numbness, or tingling in the lower extremities and when he was evaluated in therapy shortly after, he had no paresthesia or weakness. There are no objective findings documented that would confirm radiculopathy in the documentation reviewed. The patient does not meet the criteria for proceeding with an ESI, according to the Official Disability Guidelines (ODG). The ODG notes that ESIs are recommended for patients with radicular symptoms that are documented on physical examination, as well as being corroborated with the imaging study findings. Therefore, the requested left L5-S1 ESI with sedation is neither reasonable nor necessary, as it is not in accordance with the ODG, and the adverse determinations should be upheld at this time

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- INTERQUAL CRITERIA**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**