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An Independent Review Organization

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Notice of Independent Review Decision

Case Number

Date of Notice: 04/08/2016

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:

Bilateral L2-L3 Transforaminal Epidural Steroid Injection with IV 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 female who reported an injury on XX/XX/XX. This an appeal request that was previously non-certified due to lack of evidence of radiculopathy. The mechanism of injury was due to lifting. The office visit note dated XX/XX/XX, shows the patient presented with a chief complaint of low back pain. The patient complains of numbness radiating down bilateral lower extremities. Current medications include tramadol HCl, estradiol, and Lisinopril. The physical examination noted lumbar range of motion is painful and restricted. Lumbar range of motion measurements consist of 25% flexion, and 25% extension. The patient has a negative straight leg raise. Lower extremity muscle strength and reflexes are intact. The patient has failed to improve with physical therapy, NSAIDs, and activity modification. The treatment plan consists of an epidural steroid injection at L2-3. This is a request for Bilateral L2-L3 Transforaminal Epidural Steroid Injection with IV Sedation.

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

The Official Disability Guidelines recommend epidural steroid injections for patients with evidence of radiculopathy. The physical examination did not reveal any neurological deficits to evidence radiculopathy. The MRI of the lumbar spine on XX/XX/XX, revealed narrowing of the disc space at the L2-3 level. A mild diffuse disc bulge is noted, with no evidence of spinal canal or foraminal stenosis. In addition, the MRI of the lumbar spine did not reveal evidence of nerve root compression, abutment, or displacement to evidence radiculopathy. As such, the request for Bilateral L2-L3 Transforaminal Epidural Steroid Injection with IV Sedation is not 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)