Vanguard MedReview, Inc.

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IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
ESI Lumbar Right L3-4 #2

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
This case was reviewed by a Board Certified Anesthesiologist with over 6 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a male who was injured at work on XX/XX/XX.
XX/XX/XX: Spine Cervical 2 Views. **Impression:** Post-op cervical spine without acute abnormality.

XX/XX/XX: Operative Report. **Post-operative diagnosis:** 1. Neck Pain 2. Cervical radiculopathy. 3. Cervical spondylosis. 4. Cervical herniated disk, foraminal stenosis, and spondylosis with spinal cord compression and focal stenosis of C5, C6, and C7. **Procedures Performed:** 1. Anterior retropharyngeal approach to the cervical spine. 2. Radical cervical discectomy, C5-C6, C6-C7. 3. Drilling of posterior lipping and uncovertebral osteophytes, C5-C6 and C6-C7. 4. Opening of PLL and bilateral foraminotomies. 5. Implantation of prosthetic spacer for interbody support, peed x2/7 mm spacers. 6. Interbody arthrodesis using autologous morselized bone obtained from iliac crest right-hand side. 7. Harvesting of right iliac crest bone graft. 8. Anterior spinal instrumentation. 9. Intraoperative fluoroscopic guidance. 11. Recurrent laryngeal nerve monitoring. 12. Prevertebral drainage.

XX/XX/XX: Operative Report. **Pre-operative Diagnosis:** 1. Fracture of leads cervical dorsal column stimulator laminectomy. 2. Chronic pain syndrome. 3. Reflex sympathetic dystrophy upper extremities. **Procedures Performed:** 1. Removal of laminectomy lead via cervical laminectomy. 2. Implantation of new tripole lead via cervical laminectomy. 3. Intraoperative fluoroscopic guidance. 4. Explantation of puls generator. 5. Reimplantation of same pulse generator.

XX/XX/XX: Office Visit. **HPI:** Patient comes in with complaints of left thigh pain-stimulator replacement. He states he has fallen three times since XX/XXXX. The burning to left thigh started about that time. The patient complains of a burning sensation. The patient has had his DCS reprogrammed to try and capture the pain in the left thigh without relief. He also had a left trochanteric bursa injection by his pain management physician without relief. He

states that he has had this pain in the past and usually his DCS would manage the pain but he states that since his fall his pain has gotten substantially worse. The patient rates his pain at a 4/10. He complained of neck and back stiffness. He is able to apply cream. He has been to 0 physical therapy sessions in the last year, 0 ESI's, seen chiropractor 0 times. He uses a cane and a walker and a wheelchair. The patient was assessed using the Oswestry Disability Index questionnaire: Pain Intensity: pain medication provides moderate relief from pain. Personal Care: normal with additional pain. Lifting: manages to lift light to medium weight from a table. Walking: no more than a quarter of a mile. Sitting: no more than half an hour. Standing: no more than 10 minutes. Sleep: only with pain meds. Sex life: absent due to pain Social life: does not go out as often. Travel: unrestricted but causes pain. 52% disability. **Physical Exam:** Musculoskeletal: Full ROM of the upper and lower extremities. Gait is antalgic, station is normal. Straight leg raise is positive on the left at 60°. No focal weaknesses are noted to the iliopsoas, quadriceps, tibialis interior, extensor halluces longus, or gastrocnemius bilaterally. Neurologic: Alert and oriented to person, place and time. Symmetric sensation to the lower extremities to light touch. L4 and S1 reflexes are symmetrically depressed. Plantars are flexor. There is no ankle clonus. **Impression:** Chronic low-back pain with lumbar radiculopathy. History of DCS implant. **Plan:** Schedule for a CT myelogram of the lumbar spine. He cannot have an MRI because of his DCS implant.

XX/XX/XX: CT Intrathecal Con-LDM. **Impression:** 1. Post-operative lumbar spine without evidence of hardware complication. 2. Spondylosis greatest at L3/4 where there is moderate left neural foraminal narrowing and mild narrowing of the spinal canal. 3. Partial fusion of the right SI joint.

XX/XX/XX: Lumbar myelography. **Post-operative diagnosis:** 1. Low back pain. 2. Lumbar radiculopathy. **Procedure Performed:** Lumbar myelography with CAT scan to follow as a preoperative diagnostic test. **Impression:** 1. Postoperative lumbar spine without evidence of hardware complication. 2. Spondylosis greatest at L3/4 where there is moderate left neural foraminal narrowing and mild narrowing of the spinal canal. 3. Partial fusion of the right SI joint.

XX/XX/XX: Neurosurgery C-Arm Report. **Procedure:** Lumbar Epidural Steroid Injection

XX/XX/XX: Office Visit. **Subjective:** The patient underwent lumbar ESI two weeks ago. He states the pain was 50% relieved that has returned but is still three quarters of his normal pain. He continues to complain of neck and low back pain. **Exam:** There is tenderness over the cervical paraspinal segments, extends over the suprascapular area. There is tenderness over the lumbar paraspinal segments. **Assessment:** 1. Cervical herniated nucleus pulposus. 2. Cervical radiculitis. 3. Lumbar herniated nucleus pulposus. 4. Lumbar radiculitis. **Plan:** He has CT myelogram that shows postoperative changes at L4-L5 and L5-S1 with spondylosis at L3-L4 with moderate left foraminal narrowing. He has an appointment to XX back in two weeks.

XX/XX/XX: Office Visit. **Subjective:** XX returns for follow up. He underwent lumbar ESI. He states he did wonderfully. He states he is doing quite well. He also had Synvisc injection of the knee through the XX. He states with his activity level has improved nicely. He sates things are really well controlled at this point. **Exam:** There is tenderness over the cervical paraspinal segments. ROM is somewhat limited in rotation. There is tenderness over the lumbosacral junction. He does have a wide-based limping gait. **Assessment:** 1. Cervical herniated nucleus pulposus. 2. Cervical radiculitis. 3. Lumbar herniated nucleus pulposus. 4. Lumbar radiculitis. **Plan:** At this point in time, I will continue this patient on his MSIR for pain along with his nortiptyline. He is doing well all things considered. We will follow his progress over the next two months.

XX/XX/XX: Office Visit. **Subjective:** Overall, things are going reasonably well. With his MSIR, he is doing well. His pain is 2-3/10 on visual analog pain score. He can accomplish everything he wishes to accomplish during the day. **Exam:** There is tenderness over the cervical paraspinal segments. This extends across the suprascapular area. There is tenderness over the lumbosacral junction. **Assessment:** 1. Cervical herniated nucleus pulposus. 2. Cervical radiculitis. 3. Lumbar herniated nucleus pulposus. 4. Lumbar radiculitis. **Plan:** I will continue this patient on his MSIR. He is doing quite well. We will follow his progress over the next two months. He is quite satisfied.

XX/XX/XX: Office Visit. **Subjective:** He continues to complain of neck and low back pain. This is worse with activity.

The medications are controlling things. He is having some increasing leg pain and arm pain in the evening. **Exam:** There is tenderness over the cervical paraspinal segments. This extends across the suprascapular area. Grip strength is somewhat weak bilaterally. There is tenderness over the lumbar paraspinal segments. He has a waddling gait. Straight leg raise is positive over lateral thighs. He does favor a forward flexed posture. **Assessment:** 1. Cervical herniated nucleus pulposus. 2. Cervical radiculitis. 3. Lumbar herniated nucleus pulposus. 4. Lumbar radiculitis. **Plan:** I will continue this patient on his MSIR. This is doing reasonably well. I would like to increase his Elavil to 100 mg at bedtime. We will see if this would help with his slight increase in radicular symptoms. He does continue his exercise program.

XX/XX/XX: Office Visit. **Subjective:** He continues to complain of low back pain with radiation across the left lateral thigh and calf. MSIR and Elavil are helping. **Exam:** There is tenderness over the lumbar paraspinal segments. Straight leg raise is positive across the left lateral thigh and calf. The patient has a limping gait. There is tenderness over the cervical paraspinal segments, extends across the suprascapular area. **Assessment:** 1. Cervical disc disorder with radiculopathy. 2. Lumbar disc disorder with radiculopathy. **Plan:** At this point in time, I will continue this patient on medications unchanged. He is doing quite well. We will follow his progress over the next 12 weeks.

XX/XX/XX: UR. **Rationale for Denial:** Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. There was no indication that the previous injection provided a decreased need for pain medication or improved function. There were no neurological deficits found on the most recent physical examination. There was no indication that the patient was going to participating in an active treatment program.

XX/XX/XX: Office Visit. **HPI:** Patient presents with low back pain. He has really bad knee problems which causes pain in his back when they are acting up. The patient is having a burning pain over the right SI area with some paresthesias as per the patient. He can turn his stimulators off and the pain is still there. He feels that this is different from the pain he had before. He gets relief if he lies flat with his knees up. The patient had good pain relief with his last injection. The pain radiates to right lower extremity. The patient complains of a burning sensation and muscle spasms. Pain 4/10. Numbness to the right lower extremity. The patient complains of weakness in the right lower extremity. The patient complained of tightness in the lower back. He is able to apply heat. **Exam:** Gait is normal. Station is normal. Patient has 5/5 iliopsoas, quadriceps, hamstring, tibialis anterior, extension halluces longus, and gastrocnemius. Negative straight leg. Point tender. L4-S1 reflexes are 1+. **Impression:** Low back pain. **Plan:** He had better than 80% pain relief with the last ESI over 3 month duration. I will order an ESI at L3-4 level on the right. Follow up in two weeks.

XX/XX/XX: UR. **Rationale for Denial:** Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Although it was noted that the previous Epidural Steroid Injection helped, there was no documented decreased need for pain medications and improved function in terms of activities of daily living associated with the previous Epidural Steroid Injection. Also, clear evidence of lumbar spine at L3-4 was not documented in the recent medical report. Moreover, exhaustion and failure of recent conservative care with Physical Therapy was not documented.

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

Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Though the patient had a previous ESI which provided relief, there is no documentation of decreased need for pain medications and improved function in terms of activities of daily living. Also, clear evidence of radiculopathy at L3-4 was not documented in the recent medical report. Furthermore, there was no documentation of failure of conservative measures such as physical therapy was not documented. Therefore, this request is non-certified.

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)**