

Pure Resolutions LLC

An Independent Review Organization

Phone Number:
(817) 779-3288

990 Hwy. 287 N. Suite 106 PMB 133
Mansfield, TX 76063
Email: pureresolutions@irosolutions.com

Fax Number:
(817) 385-9613

Notice of Independent Review Decision

Case Number:

Date of Notice: 03/07/2016

Review Outcome:

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

Anesthesiology And Pain Management

Description of the service or services in dispute:

Lumbar epidural steroid injection L5-S1 left side

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 who reported an injury on XX/XX/XX. An official MRI of the lumbar spine performed on XX/XX/XX revealed at L5-S1 moderate focal central disc protrusion, mild canal stenosis, moderate bilateral lateral recess stenosis, and mild to moderate bilateral neural foraminal narrowing. According to the XX/XX/XX office visit note, the patient rated his pain as a 7/10 to 9/10. He was noted to have been and treated with medication. The patient complained of pain that radiated into his left lower extremity. The objective exam findings included poor toe walking, poor heel walking on the left, diminished deep tendon reflexes in the lower extremities, positive straight leg raise on the left, and sensory deficit in the left L5-S1 dermatome. A previous request for a lumbar epidural steroid injection L5-S1 left side was non-certified on XX/XX/XX due to a lack of corroboration from the imaging of radiculopathy at L5-S1 on the left. The note indicated that another provider submitted an examination that was negative for any neurological deficit findings on XX/XX/XX. The review went on to state there was no explanation for the sedations such as anxiety or needle phobia. According to the XX/XX/XX office visit note, the physical exam revealed the patient had a normal full gait, no weakness of the lower extremities, heel/toe ambulation performed without difficulty, deep tendon reflexes bilateral lower extremities 2/4, sensation intact to light touch or pinprick in all dermatomes of bilateral lower extremities, positive straight leg raise. On the XX/XX/XX office visit note, the objective exam revealed heel to toe ambulation performed without difficulty, bilateral patellar and Achilles deep tendon reflexes 2/4, sensation intact to light touch and pinprick in all dermatomes of the bilateral lower extremities. The XX/XX/XX office visit note indicated there were no significant changes in the physical exam since the last office visit, and the patient required anesthesia due to a degree of anxiety about needles. An appeal determination on XX/XX/XX non-certified the request for the epidural steroid injection due to a lack of objective exam findings on examination and radiculopathy corroborative findings imaging studies, a lack of reported focal neurological deficits indicative of radiculopathy, and because the MRI did not demonstrate nerve root entrapment. The note also stated there was no indication of any component of behavioral disorder or extreme anxiety that would mandate the need of IV sedation.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions

used to support the decision.

The patient is noted to suffer from a moderate focal central disc protrusion with mild canal stenosis, moderated bilateral lateral recess narrowing, and mild to moderate bilateral neural foraminal narrowing at L5-S1, according to the XX/XX/XX office visit note. The MRI findings correlate well with the documented pain complaints. While diminished sensation and reflexes and impaired heel and toe walking are documented in one but not all visit notes, there is a positive straight leg raise documented in all visits. In terms of the requested sedation, the patient is documented to have anxiety about needles and a psychological impediment to not having relaxing medications while the procedure is being performed. While there is no documentation of a plan of continued physical therapy and medication reduction, the patient had already had physical therapy without benefit, and a continuation of or re-enrollment in an active treatment program, along with reduction in medication given for symptomatic relief once the symptoms improve can be reasonably inferred. Therefore, given the objective exam findings of radiculopathy corroborated by MRI findings, the requested lumbar epidural steroid injection at L5-S1 on the left side is reasonable and the prior determination is overturned.

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)