

ReviewTex. Inc.
1818 Mountjoy Drive
San Antonio, TX 78232
(phone) 210-598-9381 (fax) 210-598-9382
reviewtex@hotmail.com

Date notice sent to all parties:

May 24, 2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

lumbar epidural steroid injection at the right L4-5 with fluoroscopy and anesthesia

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

MD: Board Certified Anesthesiology

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 patient is an individual with complaints of back pain. On XX/XX/XX, an MRI of the lumbar spine was obtained and at L4-5, there was a broad based disc protrusion, with mild bilateral facet joint hypertrophy, abutting the L5 nerve roots within the narrowed bilateral L4-5 lateral recesses, without central stenosis or neural foraminal narrowing. On XX/XX/XX, the patient was seen in clinic. He had pain from the low back radiating into the right lower extremity. On exam, deep tendon reflexes were diminished on the right. Straight leg raise was positive on the right. An injection was recommended.

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

On XX/XX/XX, the request for a lumbar epidural steroid injection at the right L4-5 with fluoroscopy and anesthesia was non-certified. Official Disability Guidelines low back chapter was utilized as a reference source, and it was noted the physical examination was fully suggestive of radiculopathy at the requested level of injection and there was no evidence of right sided nerve root compromise at L4-5 on the MRI.

On XX/XX/XX, a utilization review appeal for the lumbar epidural steroid injection on

the right at L4-5, under fluoroscopy with anesthesia, was non-certified. Official Disability Guidelines low back chapter was again utilized, and the request was non-certified as the physical examination was not fully suggestive of radiculopathy at the requested level of injection and clarification was needed with regards to the patient's neuromuscular status.

The lumbar MRI reveals some pathology at the L4-5 level, but there is no central canal or neural foraminal compromise on that MRI of XX/XX/XX. The provider stated that on exam, the patient has deep tendon reflexes that are diminished on the right lower extremity and there is a positive straight leg raise on the right. This is not fully indicative of radiculopathy in an L4-5 pattern.

The guidelines state that for this procedure to be medically necessary, radiculopathy should be documented on exam, with correlating imaging and or electrodiagnostic studies.

It is the opinion of this reviewer the request for a lumbar epidural steroid injection at the right L4-5 with fluoroscopy and anesthesia is not medically necessary.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES