

# Vanguard MedReview, Inc.

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May 2, 2016

## IRO CASE #:

## DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left L5 Selective Nerve Root Block

## 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 Doctor of Physical Medicine and Rehabilitation with over 20 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 sustained a slip and fall injury on XX/XX/XX and is diagnosed with lumbosacral neuritis/radiculitis, lumbosacral/lumbar disc degeneration, and lumbar post-laminectomy syndrome.

XX/XX/XX: Office Visit. **HPI:** Gentleman who has had 2 previous spine surgeries, with the last in XXXX. He is been managed on his pain medications hydrocodone, Lyrica. He has not taken Celebrex in 2 years. He notes that he felt some irritation in his throat after he took Celebrex so he stopped. He reports a slow rise and increase in his low back pain. He has chronic bilateral lower extremity numbness as a residual from his previous surgery. He continues to work full time. He has had a caudal epidural XX/XXXX which has helped him for an extended period of time up until earlier this year. We repeated a caudal epidural steroid injection on XX/XX/XX. He reports not a significant amount of improvement that he had with the previous one done xxxyears ago. **Physical Exam:** He has difficulty acquiring a full, upright position when getting out of the chair. **Assessment:** No significant improvement with recent caudal steroid injection completed XX/XXXX. **Plan:** Refill hydrocodone

XX/XX/XX: Office Visit. **HPI:** He reports a slow rise and increase in his low back pain. He has chronic bilateral lower extremity numbness as a residual from his previous surgery. He still continues to work full time. **Assessment:** No significant improvement **Plan:** Refill hydrocodone, he will need a second prescription for hydrocodone since he will be out of town and I will be out of town in early XX. Follow up in 2 months.

XX/XX/XX: Office Visit. **HPI:** He has been managed on his pain medications hydrocodone, Lyrica. He has not taken Celebrex in 2 years, there may be a possible allergy. **Assessment:** No significant improvement. **Plan:** Refill hydrocodone

XX/XX/XX: Office Visit. **HPI:** No changes in the past month. **Assessment:** No significant improvement. **Plan:** Refill hydrocodone

XX/XX/XX: Office Visit. **HPI:** Patient is at a flare-up this past week basically with just lifting a chair. This lasted about 5-6 days, he is feeling much better than he was. This is made in contemplate the possibility of applying for disability. **Assessment:** Recent flare up which is improving. **Plan:** refill hydrocodone, 3 months of prescription with a fill date were written. Small prescription for Flexeril 10 mg #30. Follow up 3 months.

XX/XX/XX: Office Visit. **HPI:** Patient reports pain is stable at this time. **Assessment:** No significant improvement. **Plan:** Refill hydrocodone, refill Lyrica, follow up 3 months.

XX/XX/XX: Behavioral Health: Behavioral Medication Evaluation. **HPI:** XX is a client with major complaints of pain in the low back, with numbness in the legs. He states that pain began xxxx years ago and started as a result of a work injury. He has had two previous surgeries for pain or spine related problems. These were both laminectomy/discectomy procedure, with good results. Other major problems: COPD. MMPI-2-RF Results: The patient's score on scale L-r is much higher than the norm for this population. Such scores may be associated with significant under-reporting of symptoms, but may reflect a traditional upbringing. Scores seen on the substantive scales may underestimate the problems associated with those scales. There are no elevations on the substantive scales of the MMPI-2-RF, indicating that the patient is not experienced major distress, is not pain sensitive, and has no evidence of personality disorder. The patients score on the pain and impairment relationship scale (PAIRS)=63. This indicates that the patient is experiencing no demoralization and disabled-role orientation. FABQ-PA=23, high level of fear avoidance of physical activity. FABQ-W=32 moderate fear/avoidance of work activity. SOAPP-r=5, low potential for aberrant medication taking. **General Conclusion:** Based on this evaluation, the patient has a low level of risk for aberrant medication taking behavior. He does not need to see me again, unless use increases or he become more emotionally distressed. Include him in a collaborative approach to treatment planning. Encourage his to discontinue smoking.

XX/XX/XX: Office Visit. **HPI:** Patient reports his pain is stable at this time. He works setting of booths for trade show and sometimes prolong standing at the shows will exacerbate his pain. **Physical Exam:** The patient sits comfortably in the chair. Sitting to standing transition is his slow and guarded. His posture demonstrates a stooped position on initial standing. Gait, balance, coordination is normal. There is no significant analgia. **Assessment:** No significant improvement. **Plan:** Refill hydrocodone. Referral to psychologist, per chronic pain management protocol for schedule II medications. Follow up 3 months.

XX/XX/XX: Office Visit. **HPI:** Patient reports that he has had a flare-up over the last several weeks with pain radiating in to the left lower extremity. This pain breaks through his Lyrica and Hydrocodone. **Assessment:** Increased pain over the last several weeks in the left lower extremity consistent with left lumbar radicular syndrome. His symptoms have been intermittent over the years with some level of relief with previous lumbar epidural steroid injections, last injection XX/XXXX. **Plan:** Refill hydrocodone, Lyrica. A caudal epidural steroid injection. Follow up 3 months.

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, this request is non-certified. As per guideline, ESI's are indicated for the treatment of radiculopathy present on physical examination and corroborated by imaging studies and/or electro diagnostic testing. There was no clear documentation of radiculopathy on the latest examination to warrant the requested procedure. Documentation of failure of response to recent conservative management, including exercises and skilled therapy prior to this request was likewise not noted.

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, this request is non-certified. An updated medical report addressing the issues of the previous determination was not submitted. Specific dermatomal deficits attributable to left L5 nerve root impingement were still not noted. Definite diagnosis of radiculopathy at this level cannot be ascertained to correlate with the MRI findings. Also, significant pain relief and functional improvement associated

with the previous Epidural Steroid Injection was not documented.

XX/XX/XX: Office Visit. **HPI:** His order for the injection was denied. He is here for medication refills. He continues to report increased pain beyond his baseline pain in the left lower extremity. **Assessment:** Increased pain over the last 4 months in the left lower extremity consistent with left lumbar radicular syndrome. His symptoms have been intermittent over the years with some level of relief with previous lumbar epidural steroid injections, last in XX/XXXX. **Plan:** Refill hydrocodone, refill Lyrica. Continue to request possible epidural injection to see if that would help with his increased left leg symptoms. Follow up 3 months.

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

Determination: denial of left L5 Selective Nerve Root Block is UPHeld/AGREED UPON since there is no documentation of objective radiculopathy nor correlation with imaging studies and/or electro-diagnostic studies. There is also no documentation of more recent conservative care including physical therapy or compliance with home exercises prior to consideration of progressing to an invasive procedure.

**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)