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IRO CASE

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: lumbar epidural steroid injection under fluoroscopy with IV sedation L4-L5

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: DO, Board Certified Orthopedic Surgery

REVIEW OUTCOME: 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of this reviewer that the request for a lumbar epidural steroid injection under fluoroscopy with IV sedation L4-L5 is medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: This patient is an individual with complaints of pain. On XX/XX/XX, an MRI of the lumbar spine was obtained at L4-5 level, and there was a disc bulge with facet hypertrophic changes, with minor to mild bilateral neural foraminal narrowing. On XX/XX/XX, the patient was seen for initial pain evaluation. He reported persistent back, left buttock and left leg pain associated with numbness and tingling and weakness. Medications included oxycodone at that time. On exam, deep tendon reflexes were normal reflexic in the upper extremities and lower extremities, and he had a positive straight leg raise on the left at 60 degrees. A lumbar epidural steroid injection was recommended. On XX/XX/XX, the patient returned to clinic. He had positive straight leg raise, with decreased sensation in an L5 distribution.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: On XX/XX/XX, a notification of adverse determination was submitted for the requested lumbar epidural steroid injection under fluoroscopy with IV sedation at L4-5. 74 pages of records were reviewed at that time, and Official Disability Guidelines low back chapter was utilized as the reference source. Rationale indicated that the documented exam findings on progress note XX/XX/XX did not include motor and sensory examinations and the results of any MRI of lumbar spine were not provided. Clarification was needed regarding the intended manner of epidural steroid injection, first transforaminal versus interlaminar, and it was reported the patient had anxiety which supported the need for sedation. However, the request was not supported at that time in totality and was non-certified.

On XX/XX/XX, a notification of reconsideration adverse determination on appeal for lumbar epidural steroid injection under fluoroscopy with IV sedation at L4-5, reviewed 30 pages of records, and utilized Official Disability Guidelines low back chapter as a reference source. It was stated the physical examination findings were not suggestive of radiculopathy at the level of L4-5, and the imaging study did not corroborate with radiculopathy at the requested level.

Therefore the request was non-certified.

The official MRI notes that at L4-5, there was minor to mild bilateral neural foraminal narrowing with a disc bulge and facet hypertrophic changes. The initial pain evaluation of XX/XX/XX, stated on exam, deep tendon reflexes were normal reflexic in the upper extremities and lower extremities, there was a positive straight leg raise on the left at 60 degrees. The follow up note again stated there was a positive straight leg raise on exam on the left, with decreased pin prick sensation in an L5 distribution.

The guidelines state that for this procedure to be medically necessary there should be documentation of physical findings that correlate with imaging studies and or electrodiagnostic studies. The imaging study reveals neural foraminal narrowing. The provider has indicated that on subsequent exams, there is a positive straight leg raise and decreased sensation in an L5 distribution. Thus, the issues raised on initial determinations have been discussed.

It is the opinion of this reviewer that the request for a lumbar epidural steroid injection under fluoroscopy with IV sedation L4-L5 is medically necessary and prior denials are overturned.

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

ACOEM-AMERICA 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)