

Applied Resolutions LLC

An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 05/02/2016

Review Outcome:

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

Orthopedic Surgery

Description of the service or services in dispute:

Left L4-L5 and L5-S1 transforaminal epidural steroid injection with fluoroscopy and sedation

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. The mechanism of injury was a fall. The progress note from XX/XX/XX states that the patient has complaints of low back pain and spasm with radiation to the left hip and leg. The pain is moderate in intensity and sharp, stabbing, and dull, knife like, deep, and throbbing in character. Symptoms include numbness, tingling to the affected leg and foot, and difficulty ambulating in the L4-5 distribution and S5-S1 distribution on the affected side. The pain is aggravated by walking, sitting, bending, extending, lifting, coughing, sneezing, and standing still and is improved by lying down and nothing. It was noted the patient had nerve pain in the leg either from a piriformis syndrome and hip injury or an injury to the lumbar spine was radiculopathy. The patient was sent for an EMG/NCV which is pending and has been seen for injection and has been recommended initially an injection in the back, and depending on the response to treatment and result of the EMG a possible injection in the hip. The examination noted the patient had tenderness present in the lower lumbar spine. There was mildly reduced range of motion with muscle spasm present. The patient's muscle tone is mildly increased. There was a positive straight leg raise on the left and 2+ deep tendon reflexes noted. It was noted the patient had radicular symptoms in a dermatomal pattern on the left lower extremity. There was tenderness to the SI joint noted. The MRI of the lumbar spine from XX/XX/XX revealed finding of multilevel discogenic disease and degenerative change. There was no large disc herniation or high grade canal stenosis at any level. There was multilevel inflammatory endplate change and multilevel degenerative change of the facet joints. There was chronic appearing inflammatory endplate changes at the L4-5. There was moderate disc height loss and disc desiccation. There was a small disc bulge measuring approximately 3 mm in maximal AP dimension with associated endplate spurring. There was moderate degenerative change of the facet joints. There was mild right and moderate left neural foraminal narrowing. Bulge indents the thecal sac with significant central stenosis. At the L5-S1, there was moderate disc height loss and disc desiccation. There was small disc bulge extending approximately 3 mm in maximal AP dimension. There was mild degenerative change of the facet joints. There was mild right and moderate left neural foraminal narrowing. The bulge minimally indents the thecal sac without significant central stenosis.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The Official Disability Guidelines note that epidural steroid injections are recommended if there is findings of radiculopathy on the physical examination that is corroborated by imaging findings and/or electrodiagnostic testing. The patient needs to have completed conservative treatment including exercise, physical methods, NSAIDs, muscle relaxants, and neuropathic drugs. There was no evidence based literature that may confirm recommendation as to sedation during an ESI. The documentation indicates the patient did have findings of moderate neural foraminal narrowing at the L4-5 and L5-S1 with no high grade spinal stenosis any level. The patient had findings of a positive straight leg raise on the left with 2+ deep tendon reflexes and radicular symptoms in a dermatomal pattern. However, there was no clear findings of radiculopathy noted on the physical examination. The specific dermatomal pattern of the decreased sensation was not indication. There was no findings of deep tendon reflexes or decreased strength noted on the physical examination. There was also no indication that the patient had any significant anxiety to warrant the use of a sedation with the epidural steroid injection. As such, the requested Left L4-L5 and L5-S1 transforaminal epidural steroid injection with fluoroscopy and sedation is not medically necessary and the previous determination is upheld.

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)