

Pure 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:

Lumbar Epidural Steroid Injection L5-S1

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. His diagnosis was noted as lumbosacral neuritis.

During the assessment on XX/XX/XX, the patient complained of continued severe low back pain. Records indicate that the patient has not had spinal injections in the past. The patient reported that the low back pain severely affected his activities. During the physical examination, the patient ambulated with a normal gait. Muscle strength in the bilateral upper and lower extremities was normal and there was normal sensation to light touch in the bilateral lower extremities. Records indicate that the patient had failed conservative care treatment.

An official MRI of the lumbar spine performed on XX/XX/XX was noted to reveal bilateral L5 pars defect seen with 8 mm anterior subluxation of L5 in relationship to S1; and mild to moderate right lateral recess narrowing seen with moderate to severe bilateral foraminal narrowing at L5-S1.

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

The decision to deny the requested lumbar epidural steroid injection at L5-S1 should be upheld.

Per the peer reviewed literature referenced, among the multiple interventions used in managing chronic spinal pain, lumbar epidural steroid injections have been used extensively to treat lumbar radicular pain. Epidural steroid injections can provide short term relief for radicular symptoms. Radiculopathy should be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.

The most recent physical examination provided was dated XX/XX/XX in which records indicate that the

patient ambulated with a normal gait, had normal strength in the bilateral lower extremities, and normal light touch sensation. Although the MRI of the lumbar spine revealed bilateral foraminal narrowing at L5-S1, there is a lack of subjective complaints of radiating pain into the lower extremities. There were no neurological deficits found on physical examination that corroborated with the pathology found on MRI at the level requested for injection. There was no indication that the patient was going to participate in an active treatment program after the proposed injection.

Based on the clinical documentation provided and the peer reviewed literature referenced, the decision to deny the lumbar epidural steroid injection at L5-S1 should be 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 AHCPH-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)
 - Wilkinson, I. M., & Cohen, S. P. (2012). Epidural steroid injections. Current pain and headache reports, 16(1), 50-59.
 - Kentucky, L. (2012). Effectiveness of therapeutic lumbar transforaminal epidural steroid injections in managing lumbar spinal pain. Pain Physician, 15, E199-E245.
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)