

# True Resolutions Inc.

An Independent Review Organization

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## Notice of Independent Review Decision

Case Number:

Date of Notice: 01/06/2016

### Review Outcome:

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

Physical Medicine and Rehabilitation

### Description of the service or services in dispute:

Lumbar Epidural Steroid Injection L4-5, 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 female whose date of injury is XX/XX/XX. The patient was involved in a motor vehicle accident when she was struck while driving a X and complained of low back pain. Designated doctor evaluation dated XX/XX/XX indicates that treatment to date includes physical therapy, chiropractic care, work hardening and massage therapy. The patient was determined to have reached maximum medical improvement as of this date with 0% whole person impairment. MRI of the lumbar spine dated XX/XX/XX revealed at L4-5 there is a broad based disc bulge, mild facet arthrosis, mild effacement of the ventral thecal sac with 9.5 cm borderline central canal stenosis and mild bilateral foraminal stenosis. At L5-S1 there is mild disc bulge and facet arthrosis with no associated findings. Office visit note dated XX/XX/XX indicates that the patient complains of low back pain. Physical therapy has mildly helped, but not significantly. A work hardening program has been completed. On physical examination sensation is intact in the lower extremities. Straight leg raising is positive for back pain bilateral lower extremities. Strength is 5/5 throughout the lower extremities. Deep tendon reflexes are 2+ bilaterally. Follow up form dated XX/XX/XX indicates that the patient noted that the injection caused pain to subside; however, a xxxx was back and she needed another shot. Follow up note dated XX/XX/XX indicates that she had at least 50% decrease in her lumbar spasms and even more decrease in dysesthesias and burning and stinging sensation in her lower extremity. Handwritten note dated XX/XX/XX indicates that the patient underwent lumbar epidural steroid injection #1 on XX/XX/XX and reports 50% relief that continues. On physical examination sensation to light touch and pinprick in the lower extremities is normal. Deep tendon reflexes are bilateral at patella and ankles.

Initial request for lumbar epidural steroid injection L4-5, L5-S1 was non-certified on XX/XX/XX noting that the Official Disability Guidelines state if after the initial block is given and found to produce pain relief of at least 50% to 70% for at least 6 to 8 weeks, additional blocks may be supported. It was noted that the patient had received greater than 50% relief for 1 to 2 weeks. The denial was upheld on appeal dated XX/XX/XX noting that the clinical notes indicate the patient had a 1-2 week benefit manifested by a 50% reduction in pain. However, no other information was submitted regarding the patient's objective functional improvement supporting a repeat epidural steroid injection. Furthermore, no information was submitted regarding a 6-8

week reduction in pain.

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

The patient underwent a prior lumbar epidural steroid injection. The Official Disability Guidelines require documentation of at least 50% pain relief for at least 6 weeks prior to the performance of a repeat epidural steroid injection. There is conflicting information provided regarding the patient's response to the prior epidural steroid injection as one follow up note documents 50% pain relief for 1-2 weeks, and a different follow up note documents 50% pain relief until XX/XX/XX. Additionally, the Official Disability Guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. The patient's physical examination fails to establish the presence of active radiculopathy. As such, it is the opinion of the reviewer that the request for lumbar epidural steroid injection L4-5, L5-S1 is not recommended as medically necessary.

***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)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)