

Independent Resolutions Inc.
An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 02/08/2016

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 Caudal Injection L5-S1 with IV 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 female whose date of injury is XX/XX/XX. The patient slipped and fell at work. She sustained an L2 vertebral body fracture as a result of this fall. MRI of the lumbar spine revealed at L5-S1 there is slight disc desiccation and disc space height loss. A 6 mm combination of disc and spur is identified posteriorly causing impression on the anterior thecal sac greater to the left of midline. Degenerative facet joint changes are seen. No central canal stenosis is identified. There is asymmetric extension of disc and spur into the left neural foramen with severe narrowing and possible compromise of the left L5 nerve root. The right L5 nerve root exits without impingement. Peer review indicates that the extent of the alleged work-related event is a soft tissue myofascial strain of the paravertebral musculature of the right lower spine. Office visit note indicates that she has some new left radicular symptoms that started after the fall. The patient continues to work full time. She does not have any motor weakness. On physical examination lumbar range of motion is painful and restricted to flexion 25% of normal, extension 50%, bilateral rotation 50% and bilateral lateral bending 50% of normal. Lower extremity strength is symmetrically present. Deep tendon reflexes are symmetrically present and normal. Light touch sensation is normal for all lumbar dermatomes. It is reported that the patient has failed physical therapy and NSAIDs.

Initial request for lumbar caudal injection L5-S1 with IV sedation was non-certified noting that guidelines state that radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and or electrodiagnostic testing. It is noted that the patient has failed conservative measures including physical therapy, NSAIDs, but her physical examination does not show any sensory, motor changes or any reflex changes that would be consistent with a radiculopathy. The denial was upheld on appeal dated XX/XX/XX noting that there was a lack of neurologic deficits found on physical examination to match the pathology on MRI at the level requested for injection. A plan for participation in an active treatment program

was not indicated. Additionally, there was no indication that the patient suffered from anxiety to warrant the use of IV sedation during the procedure.

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

The patient complains of low back pain due to a slip and fall at work on XX/XX/XX. The patient has completed a course of physical therapy and has been recommended to undergo a lumbar epidural steroid injection. 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 with intact strength, motor and deep tendon reflexes. Additionally, there is no documentation of extreme anxiety or needle phobia to support the request for IV sedation. As such, it is the opinion of the reviewer that the request for lumbar caudal injection L5-S1 with IV sedation 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)