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An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 12/17/2015

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:

Right lumbar TF Epidural Steroid Injection L3/L4

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 male whose date of injury is XX/XX/XX. The patient injured his low back while lifting a X. MRI of the lumbar spine dated XX/XX/XX revealed at L3-4 disc height is preserved. There is mild degenerative disc desiccation and moderate circumferential broad-based disc bulging. A right lateral posterior tear of the annulus is noted. There is mild mass effect on the lateral recesses bilaterally and mild left neural foraminal encroachment. There is more moderate right neural foraminal encroachment with contact of the exiting right L3 nerve root. Initial history and physical dated XX/XX/XX indicates that the patient presents for consultation for low back and right leg pain and for a right L3-4 transforaminal epidural steroid injection. Pain is 4/10 VAS. It is reported that physical therapy is not helping after 6-7 sessions. He is still working. The patient underwent right transforaminal epidural steroid injection at L3-4 on XX/XX/XX. Follow up note dated XX/XX/XX indicates that since the injection he reports 40-50% relief. Pain remains 4/10 VAS. Progress note dated XX/XX/X indicates that he states he received temporary improvement after his injection. Peer review dated XX/XX/XX indicates that the extent of injury would be a lumbar strain/sprain.

Lumbar sprains and strains usually resolve within six weeks regardless of treatment received. It is opined that the epidural steroid injection is addressing a pre-existing condition of neural foraminal stenosis, facet hypertrophy and annular tear/bulge. No future treatment would be required to address the sequelae of the work event. The patient subsequently underwent right transforaminal epidural steroid injection at L3-4 on XX/XX/XX. History and physical dated XX/XX/XX indicates that the injection provided good relief for the last 6 weeks, but he has noticed some increased pain with activity. Pain level is 2/10. The patient underwent a third right transforaminal epidural steroid injection at L3-4 on XX/XX/XX. History and physical dated XX/XX/XX indicates that the patient has occasional sharp pain, but they are tolerable with taking Tylenol #3. He states he is beginning to work more now. Pain level is 3/10. On physical examination straight leg raising is normal bilaterally. Deep tendon reflexes are 1/4 bilateral patellar and 0/4 bilateral Achilles. Sensation is decreased right L3 distribution. Strength is 5/5 with the exception of 4/5 right L3 and 4/5 left L4. History and physical dated XX/XX/XX indicates that his pain is tolerable with injections now.

He is considering injections soon. History and physical dated XX/XX/XX indicates that the last injection provided 2-3 months of at least 75% pain relief. Physical examination is unchanged. Note dated XX/XX/XX indicates that pain level is 5/10 VAS. Current medications are acetaminophen, Cialis, cyclobenzaprine, hydrocodone, lansoprazole, meloxicam and zolpidem.

Initial request for Right lumbar TF epidural steroid injection L3-L4 was non-certified on XX/XX/XX noting that the patient has undergone 3 epidural steroid injections within the last 7 months. The patient's objective functional response to the two most recent epidural steroid injections is not documented to establish efficacy of treatment. The Official Disability Guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. Physical examination on XX/XX/XX notes that straight leg raising is normal bilaterally. Patellar deep tendon reflexes are 1/4 bilaterally and Achilles reflex is 0/4 bilaterally. The denial was upheld on appeal dated XX/XX/XX noting that the documentation indicates the patient complaining of low back pain associated with strength deficits identified in the lower extremities. There is indication the patient had previously undergone epidural steroid injections at L3-4 on XX/XX/XX. There is indication patient had 50% pain relief following the initial injection. However, no objective data was submitted confirming the patient's positive response to the subsequent injections. No more than two injections are generally recommended at the same level for therapeutic treatments. Given the patient's injection history to include a total of three epidural steroid injections, this request is not indicated as medically necessary. Additionally, no exceptional factors were identified in the clinical notes as no objective data was submitted confirming the patient's positive response to the most recent injection. Given these factors, the request is not indicated as medically necessary.

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

The patient has undergone three prior right lumbar transforaminal epidural steroid injections at L3-4 XX/XX/XX, XX/XX/XX. The Official Disability Guidelines would support a repeat epidural steroid injection with evidence of at least 50% pain relief for at least 6 weeks. Per note dated XX/XX/XX, after the most recent epidural steroid injection the patient reported 2-3 months of at least 75% pain relief. The Official Disability Guidelines report that repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response. The patient reported that he was able to decrease medication usage and work more. The patient presents with a sensory and motor deficit in the right L3 distribution, and these findings are corroborated by MRI of the lumbar spine. Given the additional clinical data, there is sufficient information to support a change in determination, and the request is medically necessary. As such, it is the opinion of the reviewer that the request for right lumbar TF epidural steroid injection L3-L4 is 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 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)