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**An Independent Review Organization**

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## **Notice of Independent Review Decision**

Case Number:

Date of Notice: 02/10/2016

### **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 Rt L5

**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 was injured on XX/XX/XX when he slipped and fell causing low back pain. Initial CT studies completed on the date of injury noted no evidence of fractures but there was canal stenosis at several levels from L3 through S1. The patient attended physical therapy and was prescribed medications to include muscle relaxers as well as anti-inflammatories and narcotic analgesics. The patient reported some improvements with physical therapy. The patient was followed for complaints of pain in lumbar region with associated numbness and tingling. The initial physical examination on XX/XX/XX noted sensory loss in a right L5 nerve root distribution with mild weakness at the right extensor hallucis longus. Previous MRI studies from XX/XXXX noted disc bulging at L4-5 with annular fissuring contributing to severe central stenosis and mild to moderate neural foraminal narrowing bilaterally. At L5-S1 there was also a symmetrical disc bulge causing mild central stenosis as well as mild neural foraminal stenosis bilaterally. It is noted the patient underwent one epidural steroid injection on XX/XX/XX which was transforaminal procedure to the right at L5. The post injection evaluation on XX/XX/XX noted three to four weeks of pain relief followed by a return of symptoms. A repeat epidural steroid injection was recommended at that evaluation. The repeat epidural steroid injection was denied by utilization review as the clinical documentation provided limited evidence regarding the efficacy of the last epidural steroid injection.

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

The patient had one epidural steroid injection completed to the right at L5 transforaminally to address ongoing radiculopathy that had not improved with conservative management. A repeat epidural steroid injection was recommended on XX/XX/XX. Per current evidence based guidelines, repeat epidural steroid injections can be considered in patients who have a positive response to initial injections. Official Disability Guidelines indicates that a positive response should be at least 50-70% pain relief for at least six to eight weeks. There should also be some indication regarding improvement of function as well as a reduction in medication usage. The XX/XX/XX report only indicated an unspecified amount of relief for three to four

weeks. There was no discussion regarding a reduction in overall radicular symptoms, any specific functional improvement, or any attributed medication reduction as a result of the initial epidural steroid injection. Therefore, it is this reviewer's opinion that the medical records provide insufficient documentation regarding the efficacy of the primary epidural steroid injection completed in XX/XXXX in order to warrant a repeat epidural steroid injection per guideline recommendations. As such it is this reviewer's opinion that medical necessity for the request has not been established and the prior denials remain 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 Medical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)