

Independent Resolutions Inc.
Notice of Independent Review Decision

Case Number: XXXX

Date of Notice: 6/28/2018 12:20:45 PM CST

Independent Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

Patient Name: XX

Case Number: XX

Date of Notice: 6/28/2018 12:20:45 PM CST

Coverage Type: Worker's Compensation

IRO Certification No.: XX

Sent to the Following

IRO REVIEWER REPORT

Date: 6/28/2018 12:20:45 PM CST

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Bilateral lumbar epidural steroid injection to L5-S1

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: Orthopaedic Surgery

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]: This case involves a XX with a history of an occupational claim from XX. The mechanism of injury was not detailed XX XX XX in a XX. On XX the patient was seen complaining of low back pain with bilateral leg pain. The patient rated XX pain at a 7/10. The examination indicated the patient's neck and back were not examined. The physician referenced an MRI and XX indicated the recommendation was made for an additional epidural steroid injection. The most recent MRI dated XX indicated at the L5-S1 level there was no evidence of a disc extrusion with modest right and mild left foraminal stenosis. Previously on XX the patient was seen complaining of low back pain. The examination revealed pain with range of motion testing and an antalgic gait. The patient has decreased sensation in the L5 dermatome as well as decreased strength in the left lower extremity. The patient did not have reflexes on reflex testing and the physician recommended a new MRI.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED

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TO SUPPORT THE DECISION:

The submitted documentation indicates the patient underwent an epidural steroid injection at the requested levels on XX. The patient was seen for a follow-up on XX and indicated XX pain was at an 8/10. XX continued to report numbness along the right side however the left side had more pain. The recommendation at this visit was made for a lumbar fusion however the patient was recommended to lose weight prior to pursuing surgical intervention. XX was recommended to continue with conservative care until surgical intervention. However, according to the referenced guidelines a repeat epidural steroid injection is appropriate when there has been acceptable amount of pain relief such as 50–70% for at least 6–8 weeks. There must also be documentation supporting decreased need for pain medication and functional response. Within the documentation this was not noted. There is lack of objective benefit from previous injections. The notes do not detail the need for an additional injection at this time given the lack of the above.

As such, the previous denial is not medically necessary and remains upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☒ MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Low Back, Epidural steroid injections (ESIs), therapeutic