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Notice of Independent Review Decision

Date notice sent to all parties: 12/18/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right sided L4-L5 and L5-S1 epidural steroid injection (ESI)

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

Board Certified in Orthopedic Surgery
Fellowship Trained in Spinal Surgery

REVIEW OUTCOME:

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)

Right sided L4-L5 and L5-S1 epidural steroid injection (ESI) - Upheld

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

N.P. examined the claimant for Dr. He was working and at the time of bending at the waist, he felt a sharp pain. He was 187 pounds. Flexion was 70 degrees and

extension was 5 degrees. Straight leg raising was negative. Strength was 5/5 throughout and reflexes were equal and symmetric bilaterally. The diagnoses were a muscle spasm and a lumbar sprain/strain. Flexeril and Ibuprofen were prescribed. On 09/04/12, Dr. reexamined the claimant. He had a lot of pain that his medications were not helping. He had restricted range of motion due to pain and straight leg raising was negative. Neurological examination was again normal. Flexeril, Motrin, and Polar Freeze gel were prescribed for his lumbar strain. He was placed on light duty and referred for therapy. P.T. examined the claimant in therapy and it was recommended three times a week for two weeks. The claimant attended five sessions of therapy and received therapeutic exercises and manual techniques. The claimant returned on 10/08/12. He had pain radiating down his right leg and his MRI appointment had been changed. He was noted to be following up for his lumbar sprain with radiculopathy. In the neurological review of systems, the claimant denied numbness, tingling, or any other neurological deficits. Range of motion was noted to be unrestricted in the lumbar spine. Straight leg raising was again negative. Light duty was continued. A lumbar MRI dated 10/22/12 revealed multilevel bulging and protruding discs without root displacement. A letter To Whom It May Concern on 10/24/12, appealing the left L4-L5 and L5-S1 epidural steroid injection (ESI). On 10/25/12, the claimant was reevaluated by Dr.. He was unchanged since his previous visit. Lumbar flexion was 80 degrees and extension was 20 degrees with pain. Straight Leg raising was now noted to be positive, but did not specify what side or the degree. The MRI was reviewed and the diagnosis was a lumbar disc protrusion. A right sided L4-L5 and L5-S1 was recommended. On 11/02/12, M.D. provided a notice of adverse determination for xxxxx for the requested right sided L4-L5 and L5-D1 ESI. On 11/29/12, M.D. also provided a notice of adverse determination from xxxx for the requested right sided L4-L5 and L5-S1 ESI. Dr. reexamined the claimant on 12/06/12. He had back pain and bilateral leg pain and weakness. The claimant stated the onset of symptoms was approximately 10/25. His prescriptions were not helping him, which were Flexeril, Ibuprofen, and Polar Freeze gel. Range of motion was unchanged in the lumbar spine. Spasms and tenderness was noted bilaterally in the paraspinals. Sensation was intact and reflexes were equal and symmetric. Straight leg raising was noted to be positive on the right at 25 degrees with sensory loss in the lateral foot and paresthesias. The diagnosis was a lumbar sprain. A Ketoprofen cream, Relafen, and Robaxin were prescribed. Light duty and an ESI were recommended.

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

The requested right sided L4-L5 and L5-S1 ESI are neither reasonable nor necessary. The findings on the MRI are non-specific, consistent with his age. There is no evidence of significant nerve root compression. The majority of these notes indicate he has a history of lower back pain without specific radicular findings. There are no objective findings on physical examination. The claimant has not had sufficient non-injection treatment, including physical therapy and/or non-steroidal anti-inflammatory medications. Due to the lack of indications, the ESIs are not appropriate at this time, as the claimant does not meet the criteria for ESIs. The most specific finding is the MRI of the lumbar spine on 10/22/12. The neutral radiologist states "without root displacement". There is no necessity for an

ESI if there is no significant nerve root compression. Therefore, the requested right sided L4-L5 and L5-S1 ESI is neither reasonable nor necessary and the previous adverse determinations should be upheld at this time.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & 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)