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Notice of Independent Review Decision

**Date notice sent to all parties:** 03/13/15

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Lumbar epidural steroid injection (ESI) at L5-S1 on the left

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

Board Certified in Anesthesiology  
Fellowship Trained in Pain Management  
Added Qualifications in Pain Medicine

**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)

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

Lumbar ESI at L5-S1 on the left - Upheld

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a female who was allegedly injured on xx/xx/xx while walking and apparently suffered a slip and fall injury, twisting her lower back. She did not develop pain until two or three days later, after which she was sent for physical

therapy, which she attended on 10/08/14, 10/10/14, and 10/15/14 at xx. She received manual therapy, therapeutic exercises, and electrical stimulation. On 10/08/14, he was dispensed Biofreeze. After five sessions of physical therapy, on 10/15/14, the claimant complained of ongoing left buttock and posterior thigh pain radiating to the calf, with increased pain with mobility. A left hip MRI scan was then performed on 10/21/14, demonstrating moderate left hip arthrosis and sacroiliac joint arthrosis with small effusions and mild left trochanteric bursitis. On 11/07/14, the claimant was evaluated for her complaints of low back pain. noted the claimant had undergone left hip MRI scan, but that he did not have the report and apparently did not review the MRI scan. Physical examination demonstrated that the claimant could forward flex to her ankles and had no pain with hyperextension of the lumbar spine. Straight leg raising test was negative. The left ankle reflex was decreased compared to the right side and the knees. There was also decreased sensation in the medial and lateral left calf, but normal sensation in the posterior aspect of the left calf. Strength was normal in the anterior tibialis and extensor hallucis longus. recommended a lumbar spine MRI scan, opining that the claimant probably had a left S1 nerve root compression. She was started on a Medrol Dosepak. returned the claimant to work without restrictions on 11/14/14. The diagnoses that day were a left hip/thigh strain and left piriformis syndrome. A lumbar MRI scan on 11/18/14 demonstrated 1 mm. L2-L3 degenerative anterolisthesis with a 2 to 3 mm. bulge and moderate facet arthropathy, 2 mm. L3-L4 anterolisthesis with 2 to 3 mm. annular bulge and moderate to severe facet arthropathy causing moderate central and mild to moderate lateral recess stenosis, 4 mm. central L4-L5 disc protrusion with severe facet arthrosis causing moderate central and lateral recess stenosis, and 3 to 4 mm. posterior L5-S1 protrusion with moderate facet arthrosis causing moderate left and mild right lateral recess stenosis and foraminal narrowing.

reevaluated the claimant on 11/21/14, stating the MRI scan showed “chronic changes, no acute changes.” She continued to complain of pain radiating from the left buttock to the left ankle. Straight leg raising test was said to be positive in a seated position, but no confirmatory supine straight leg raising test was documented. The left ankle reflex was decreased compared to the right side and there was now decreased sensation circumferentially in the left calf. stated that he still felt the claimant had left S1 nerve root compression, “even though her MRI shows no acute changes.” He recommended an ESI. On 12/05/14, the claimant was evaluated who documented her complaint of low back pain radiating into the left lower extremity due to a fall at work. noted the claimant was working “full duty.” Physical examination documented normal reflexes in the lower and upper extremities with a positive left straight leg raising test. then recommended “diagnostic ESI,” based on “neurologic deficits, imaging consistency, and clinical findings.” Initial review by a physician advisor recommended non-approval of the request, citing the ODG. In addition, the reviewer stated that the physical examination lacked evidence of quantifiable measured weakness or decreased sensation in the L5-S1 dermatome and, therefore, lacking physical examination evidence of neurological deficit, stated the request for lumbar ESI was not in accordance with the ODG guidelines.

The claimant followed-up on 12/16/14, still complaining of low back pain radiating to the left leg. now stated that the MRI scan was “positive for herniated disc at L3-L4, L4-L5, L5-S1.” Physical examination documented nothing, other than the claimant’s head being normal without trauma. then again requested an ESI. continued full duty status on 12/18/14. The claimant returned on 01/23/15 with the same lumbar and left leg complaints. Physical examination again documented nothing, other than vital signs. again recommended a lumbar ESI. A second physician reviewer reviewed the request on 01/26/15, recommending non-authorization. Citing the ODG guidelines, the reviewer noted a lack of clinical evidence of radiculopathy and corroboration of the claimant’s symptoms with imaging studies. Specifically, the reviewer noted there was no loss of reflex, decreased sensation in a dermatomal distribution, significant weakness, or muscle atrophy. He also noted no electrodiagnostic studies had been performed. The claimant then followed up on 02/17/15 with the same pain complaints. Again, no physical examination other than vital signs was documented. then requested IRO review for the requested ESI.

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

According to the ODG guidelines, lumbar ESIs are medically reasonable, necessary, and indicated for treatment of radicular pain corroborated by imaging studies demonstrating disc herniation and nerve root compression, as well as either physical examination evidence of radiculopathy or electrodiagnostic study evidence of radiculopathy. In this case, the MRI scan clearly does not demonstrate any such nerve root compression, nor, for that matter, any significant disc herniation at any level that corroborates the claimant’s pain complaints. In addition, no physical examination documented sufficient evidence of neurological deficit to justify an objective diagnosis of radiculopathy. Specifically, there is no documentation of measurable weakness, no documentation of dermatomal sensory deficit, and no documentation of corroborating supine straight leg raising tests to validate the sitting straight leg raising test that was allegedly positive on the left. As the previous reviewer also pointed out, no electrodiagnostic studies have been performed. Therefore, this claimant does not meet the ODG criteria for performance of a lumbar ESI, since the MRI scan does not demonstrate nerve root compression, her subjective symptoms do not correlate with the MRI findings, and physical examination evidence is not sufficient for a diagnosis of radiculopathy. The requested procedure is not medically reasonable or necessary, per the ODG treatment guidelines. Therefore, the previous adverse determinations recommending non-authorization of the requested lumbar ESI at L5-S1 on the left are 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)**