



Professional Associates, P. O. Box 1238, Sanger, Texas 76266 Phone: 877-738-4391 Fax: 877-738-4395

Date notice sent to all parties: 03/13/18

IRO CASE #: XXXXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar epidural steroid injection (ESI) at L5-S1

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

Certified by the American Board of Anesthesiology

Certified by the American Board of Anesthesiology/Pain Management

Fellowship Trained in Pain Management

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 – Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the medical records, this patient was initially injured in XXXX at work when XX foot got caught between XX, causing XX to twist XX back. XX presented to XX on XXXX, complaining of left lower back pain and “some intermittent left leg and foot numbness.” It was noted that the patient had previously been treated with non-steroidal anti-inflammatory drugs and muscle relaxants, but was unable to tolerate non-steroidal anti-inflammatories due to gastrointestinal upset and a previous diagnosis of Barrett’s Esophagus. There was no documentation of the patient undergoing any physical therapy nor was there any documentation of the patient having an MRI study of XX lumbar spine. Physical exam documented positive left straight leg raising test and non-specific left lumbar paraspinal tenderness. Gait was normal and there was no paraspinal muscle spasm. Strength was normal in all muscles of both lower extremities. Sensation was normal in the upper and lower extremities. Reflexes were 2+ in

the right knee and ankle and 1+ in the left knee and ankle. XX diagnosed the patient with lumbar spine ligament sprain and lumbar disc degeneration and ordered a lumbar ESI. On XXXX, XX performed an L5-S1 interlaminar ESI. The patient returned to follow-up with XX XX later, reporting “at least 50%” low back pain reduction and “almost complete resolution of left leg pain,” even though no documentation of left leg pain prior to the ESI existed based on the documentation provided. Physical examination documented non-specific left leg weakness and continued non-specific left lumbar tenderness. A second ESI was recommended. An initial review by a physician advisor on XXXX determined that there was no medical reason or necessity for the requested second lumbar ESI. That reviewer noted that an MRI scan of the lumbar spine had been performed sometime in XXXX, although no such report was provided for my review. It supposedly demonstrated mild L5-S1 disc degeneration with a mild left foraminal disc protrusion. The reviewer noted that the patient did not meet Official Disability Guidelines (ODG) criteria of having had at least 50-70% relief of pain for XXXX and did not meet the ODG criteria of radiculopathy necessary for an ESI. The patient returned to XX on XXXX, who documented the same status as the previous visit, with continuing “at least 50%” low back reduction. Physical exam now demonstrated negative straight leg raising tests bilaterally, non-specific left lumbar spasm, and normal sensation and reflexes in the upper and lower extremities. A second physician advisor reviewed the repeat request for a second L5-S1 lumbar ESI on XXXX, also recommending non-authorization based on the ODG criteria and documentation failing to substantiate improvement in function or pain relief for at least XX, which is the criteria listed in the ODG treatment guidelines as necessary for a second ESI.

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

In my opinion, there is no medical reason, necessity, or indication for any further ESIs for this patient. First, and foremost, there is not now nor has there ever been, sufficient objective physical examination findings or electrodiagnostic study evidence of radiculopathy to justify any ESI. Moreover, the patient’s complaint has never been of radicular left leg pain, but only of left low back pain, initially with “some numbness” in the left leg. Therefore, the patient does not have radicular pain nor a true and correct diagnosis of radiculopathy that would otherwise justify and necessitate any ESIs. It is clear that the most recent physical examination demonstrates no neurological deficits and no objective evidence of radiculopathy. Therefore, according to the ODG, the lack of radicular pain, and there being no valid diagnosis of radiculopathy by either physical examination or electrodiagnostic study, there is no medical reason, necessity, or indication for the requested lumbar ESI at L5-S1. Therefore, the previous adverse determinations 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)