



Specialty Independent Review Organization

DATE OF REVIEW: 04/10/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The service under dispute is a lumbar selective nerve root block at L4/5 with fluoroscopy.

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

The reviewer is a board certified anesthesia and pain management physician who has been practicing greater than 10 years.

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)

The reviewer agrees with the previous adverse determination regarding all services under dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records were received and reviewed from the patient, URA and from the physician. Records from the patient include: 3/30/07 letter from, TWCC 53 and denial letters from. Records from the URA include the following: denial letters, 1/29/07 to 1/31/07 carrier screen prints and 11/2/05 IME report by, MD. Records from include the following: progress notes through 1/25/07, Hospital Admission history and physical notes, operative report of 1/26/06 and SOAP notes from 4/28/05 through 8/25/05. An additional 75 pages were included as per the initial assignment of this review from TDI. These included MRI reports and notes from Hospital.

PATIENT CLINICAL HISTORY [SUMMARY]:

This woman was injured on. She transferred her treatment to Management after being treated in. She has had injection therapy in the past.

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

The reviewer indicates that there is insufficient documentation of the lower back and right leg pain to support a selective epidural steroid injection as per the referenced guideline. Specifically, there is no documentation of foraminal narrowing or nerve root compromise. There is no recent EMG/NCV data to support the diagnosis of radiculopathy. There are however well documented annular tears in several lumbar discs which will not be effectively treated by epidural steroid injections.

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) American Society of Interventional Pain Physicians Interventional Techniques in the Management of Chronic Spinal Pain: Evidence Based Practice Guidelines, Pain Physician 2005; 8: 1-47