

DATE OF REVIEW:

04/27/2007

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Lumbar epidural steroid injection L3/4 and L4/5.

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

Board Certified Anesthesiologist, Specializing in Pain Management

REVIEW OUTCOME

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

Upheld (Agree)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Lumbar epidural steroid injection at L3/4 and L4/5 is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MCMC: Case Report dated 04/13/07
- MCMC: Referral dated 04/13/07
- DWC: Notice to MCMC, LLC of Case Assignment dated 04/11/07 from
- DWC: Notice of Assignment of Independent Review Organization dated 04/11/07 from
- DWC: Confirmation of Receipt Of a Request For a Review dated 03/30/07
- LHL009: Request For a Review By An Independent Review Organization dated 01/22/07
- Letter dated 01/10/07 from M.D.
- Letter dated 12/14/06 from LPN
- Memorial Hospital: Lumbar Myelogram dated 05/28/03 from M.D.
- Memorial Hospital: Discharge Summary dated 07/05/00 from M.D.
- Memorial Hospital: Myelogram dated 12/13/96 from M.D.
- Center: Discharge Summary dated 03/10/96 from M.D.
- Neurosurgical Association: Office notes dated 02/26/96 through 03/29/07
- M.D.: Letters dated 07/06/95 through 04/03/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a male with date of injury The injured individual had a laminectomy then a fusion at L3-5. He has positive straight leg raise (SLR) and walks stooped over. He had at least one

epidural steroid injection (ESI) as mentioned in the visit of 12/2006. This gave him temporary relief of unknown percentage. His attending physician (AP) is requesting another ESI.

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

This injured individual has a 13-year-old injury. The efficacy of an ESI in this chronic setting is minimal. He has also had two prior lumbar surgeries at L3-5. The efficacy and success rate of an ESI in the setting of prior surgery is minimal. He had an ESI at least once in the past with only temporary relief, which is typical of these injections; they are usually only palliative in nature, especially in a clinical situation such as this. The AP has also requested a CT Myelogram for evaluation. This request is suggestive of questionable pathology. For all these reasons as described, the request for lumbar epidural steroid injection at L3/4 and L4/5 is not medically necessary.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

Bonica's Management of Pain third edition copyright 2000.

Corlandt Forum May 2001;159;90 Crowell RM.

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

American Society Of Interventional Pain Physicians (ASIPP) Guidelines as reprinted in Pain Physician 2/07.