

Clear Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: DECEMBER 16, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar epidural steroid injection.

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

M.D., Board Certified in pain management and anesthesiology under the American Board of Anesthesiologists.

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)

This patient has a history of low back pain. Per the Official Disability Guidelines, this patient does not appear to be a candidate for a "lumbar epidural steroid injection." In general, the patient does not have well-documented objective radiculopathy. In addition, it looks as though this epidural steroid injection is a therapeutic block. There is no documentation as to how much benefit the original blocks provided the patient. All that has been stated is that the patient has been able to decrease a fentanyl patch by approximately 25%. I would not equate this to 50-70% pain relief which is what is recommended by the Official Disability Guidelines for a repeat epidural steroid injection during the therapeutic phase.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters and Notes, 11/28/07
Dr., 11/20/06, 10/18/06

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient has a history of low back pain that appears to have begun in xxxx1. From the patient notes that I have received which are minimal, it appears that the patient has received an epidural steroid injection in the past which allowed the patient to decrease the fentanyl patch from 100 mcg to 75 mcg (a 25% decrease in medication). Other than that, there is no other mention of the patient's response (pain relief and functional changes) to epidural steroid injections. There is also no mention as to whether or not the patient is currently involved in a home exercise program or has plans to be involved in a physical therapy program along with these epidurals.

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

Per the Official Disability Guidelines, "the purpose of an epidural steroid injection is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in a more active treatment program and avoiding surgery." There is no mention as to whether or not this patient is currently involved in a home exercise program or will be involved in a formal physical therapy program during these epidural steroid injections. It also sounds as though this patient has received an epidural steroid injection in the past. The only response I can see to this epidural steroid injection was a decrease in her fentanyl patch from 100 mcg to 75 mcg (a 25% decrease). Per the Official Disability Guidelines, "an epidural steroid injection during the therapeutic phase should only be performed if the diagnostic block provides 50-70% pain relief for 6-8 weeks." A decrease in a fentanyl patch of approximately 25% is not an indication of a beneficial diagnostic epidural steroid injection. Therefore, per the Official Disability Guidelines, the patient would not be a candidate for a repeat lumbar epidural steroid injection. It is also noted that radiculopathy must be documented objectively per the Official Disability Guidelines. There are no objective findings consistent with radiculopathy. The physical exam states that "the straight leg raise test is 45 degrees on the left side and 50 degrees on the right side." The physical exam findings are not considered an adequate explanation for an objective finding for radiculopathy. There are also no radiological findings provided to correlate with the patient's symptoms and physical exam findings.

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)