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Notice of Independent Review Decision

DECEMBER 21, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Lumbar Steroid Injection

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
M.D. Board Certified Anesthesiology and Pain Management

REVIEW OUTCOME

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

X Upheld (Agree)

Overturned (Disagree)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Review/Denial Letters –Services, Inc.
Clinical Review – M.D. 9/19/07
Medical History – D.O. 7/22/05 – 5/3/06
ODG Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a xx year-old male who had fallen and suffered a back injury. Extensive treatment including physical therapy, medications, lumbar percutaneous disc decompression, and numerous ESI's and SI joint injections were performed in spite of a normal MRI. A series of ESI's were performed in 2003 without evidence of efficacy. Another ESI was performed 12/21/05 without benefit. ESI #2 was performed on 2/1/06 with a pain level of 7/10 on March 15, 2006. A third ESI was performed on March 22, 2006. Pain was a 6/10 on May 3, 2006

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

I agree with the benefit company's decision to deny a lumbar steroid injection. Prior ESI's were ineffective so per ODG guidelines, it was not reasonable and necessary to repeat ESI's. There were at least 4 ESI's prior to the 2/1/06 and 3/22/06 procedure. None were effective in decreasing overall pain levels. In addition, the service codes were duplicated with unbundling.

This decision does not diverge from the ODG Guidelines.

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**
- X **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- X **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)**