

Clear Resolutions Inc.

An Independent Review Organization
7301 Ranch Rd 620 N, Suite 155-199
Austin, TX 78726

Notice of Independent Review Decision

DATE OF REVIEW:

JULY 12, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

L4-5 lumbar epidural steroid injections with fluoroscopy

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

M.D., Board Certified Orthopedic Surgeon

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 or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Office note, Dr., 02/21/07

Notes, 02/28/07, 03/07/07, 04/04/07, 04/16/07, 04/23/07, 04/30/07, 05/07/07, 05/18/07 and 05/21/07

Prescription for lumbar epidural steroid injection, 05/07/07

Lumbar spine MRI, 04/12/07

Work status note, 05/07/07

Pre-authorization intake form, 05/21/07

Letter from Dr., 05/30/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This male reported back pain on xx/xx/xx after lifting up a truck bed. The Patient was initially diagnosed with a back sprain and treated conservatively with medications, bilateral sacroiliac joint injections and physical therapy. An MRI of the lumbar spine on

04/12/07 showed a L4-5 broad based disc with facet arthropathy with moderate central canal and neural foraminal stenosis.

On a 04/16/07 physician visit, it was noted that therapy was not helping, there was no indication for surgery and an epidural block was recommended. A follow up physician visit dated 04/30/07 noted the Patient had undergone an epidural injection with reported minimal relief. A 05/07/07 physician visit revealed the Patient had not improved enough to return to work and another epidural steroid injection was recommended.

The second epidural steroid injection has been denied by the insurance carrier. In a letter from the treating physician dated 05/30/07, it was noted that an additional injection was recommended due to back pain radiating to the left leg and MRI findings of spinal stenosis.

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

This is a dispute resolution for lumbar epidural steroid injection in a male. Generally, epidural steroids are utilized for short term relief of radicular pain. Based upon official Disability Guidelines, radiculopathy must be documented both objectively and subjectively, the patient must be initially non-response to conservative care, the procedure should be done under fluoroscopy and if there is one epidural steroid injection, a second is not recommended if there is inadequate response to the first block. It is also not indicated if the first block is accurately placed. Also, there should be a 50 percent relief of pain from baseline with evidence of improved function for at least six to eight weeks after delivery. In this instance, the documentation indicates that the Patient received one epidural steroid injection with minimal relief of symptoms. There is also no documentation of radicular complaints. Conservative care has included medicines including Soma, physical therapy and off work status. Based upon review of the documentation provided, the request for a second L4-5 lumbar epidural steroid injection with fluoroscopy is not appropriate or 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
- 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
Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Low Back
- 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)
The Spine. Rothman and Simeone Fifth Edition Chapter 15 p.259