



Lumetra

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AMENDED IRO NOTICE OF DECISION – WC

Corrected OGD Guidelines Consideration

IRO REVIEWER REPORT - WC

DATE OF REVIEW: 06-21-07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar Epidural Steroid Injection under fluoroscopy

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

Certified by the American Board of Anesthesiology
General Certificate in Anesthesiology

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)

Injury Date	Claim #	Review Type	ICD-9 DSMV	HCPCS/NDC	Upheld/Overturn
		Prospective	724.4 722.10	62311 77003	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Preauthorization Request (4-25-07)
 Denial of Requested Services (4-26-07, 5-15-07)
 Unable to Consider Requested Services (5-22-06)
 Request for Reconsideration (5-9-07)

Medical Evaluation (5-3-07)
MRI L-Spine WO Contrast (12-13-06)
Bone Scan Whole Body (8-13-06)
Physician Activity Status Report (8-4-06)
Physician Notes (from 6-29-06 to 12-11-06)
Texas Workers' Compensation Work Status Reports

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant lost footing and fell off a ladder. The initial diagnosis was “dorsal lumbar muscle strain “. The claimant was prescribed Mobic (later changed to Ibuprofen) and physical therapy. The claimant was able to return to work following duty restrictions and eventually full duty on 10-2006. On 12-12-06, the claimant complained of sharp, shooting pains in the low back. Apparently a bone scan was done and MRI. MRI revealed findings of disc bulge at L4-5 with a small central disc herniation and annular tear causing moderate central canal stenosis and bilateral neural foraminal narrowing. Also showed severe bilateral facet arthropathy at L4-5 with associated bone marrow edema in the bilateral pedicles at L4-5 and L5-S1. The treating physician requests 2nd lumbar epidural steroid injection.

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

The OGD guidelines for back pain were reviewed and considered:

Major Category - #13 – Disease Musculoskeletal System & Connective Tissues
Table of Contents 720-724 Dorsopathy
Specified Site (Code 724.4) Thoracic or Lumbrosacral Neuritis or radiculitis, unspecified
ODG Treatment: Epidural Steroid Injection

Physician reviewer determined that it is unlikely that the claimant’s current symptoms are due to the injury sustained. The diagnosis at the time was lumbar strain and the claimant seemed to respond to the treatment given. Months later the claimant developed radicular (shooting pains) symptoms. These symptoms are likely due to chronic changes that are seen on the MRI.

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)**