

DATE OF REVIEW:

06/07/2007

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

Lumbar epidural steroid injection (ESI).

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

Doctor

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 (ESI) is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MCMC: Case Report dated 05/24/07
- MCMC: Referral dated 05/24/07
- DWC-73: Work Status Report dated 01/29/07
- DWC-69: Report of Medical Evaluation dated 03/13/07
- DWC: Notice to MCMC, LLC of Case Assignment dated 05/21/07 from
- DWC: Confirmation of Receipt of a Request For a Review dated 05/17/07
- Letters dated 05/24/07, 05/17/07 from
- LHL009: Request For a Review By An Independent Review Organization dated 05/15/07
- Non-authorization After Reconsideration Notice dated 05/07/07 from, M.D.
- M.D.: Letter dated 04/26/07
- Non Authorization Notice dated 04/26/07 from, M.D.
- Preauthorization Request Sheet for Date of Service 04/25/07 to 05/25/07
- M.D.: Follow Up note dated 04/02/07
- Lumbar Myelogram and CT dated 03/19/07
- D.C.: Designated Doctor Evaluation dated 03/13/07
- Consultation dated 02/09/07 from, M.D.
- Letter dated 11/13/97 from, M.D.
- ODG-TWC: Undated article entitled, "Low Back-Lumbar & Thoracic (Acute & Chronic)"



PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a male with date of injury xx/xx/xx. The injured individual had prior lumbar surgeries in xxxx and xxxx. He complained of left leg pain in an L4 distribution but the electromyogram (EMG) showed left S1. His CT/myelogram showed right L5 bulge and tear with no nerve root compression on myelogram. His physical exam does not match his EMG or radiologic work up. His prior surgeries also do not support the efficacy of an ESI.

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

The ESI is denied based on the fact that the injured individual had two prior lumbar surgeries and the efficacy of an ESI in the postoperative setting is minimal. His physical exam showed left L4 radiculopathy but the EMG showed left S1 radiculopathy. Also, CT/myelogram showed right L5 protrusion with right S1 impingement but the injured individual's symptoms are left sided. The Radiologist noted the film did not correlate with clinical exam and stated the myelogram showed no nerve root filling defects. Finally, the attending physician (AP) himself, in reviewing this film, stated there was nothing surgical nor was any neurocompressive lesion noted.

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 KNOWLEDGBASE

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION):

BONICA'S MANAGEMENT OF PAIN, THIRD EDITION, COPYRIGHT 2000.