

DATE OF REVIEW:

06/07/2007

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

Cervical and lumbar epidural steroid injection (ESI) (62311, 62310, 77003, 72275, and 62264).

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

Doctor, Board Certified

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.

Cervical and lumbar epidural steroid injection (62311, 62310, 77003, 72275, and 62264) is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MCMC: Case Report dated 05/31/07
- MCMC Referral dated 05/31/07
- Letters dated 06/01/07, 05/24/07 from
- DWC: Notice to MCMC, LLC of Case Assignment dated 05/29/07
- DWC: Notice of Assignment of Independent Review Organization dated 05/29/07 from
- DWC: Confirmation Of Receipt Of a Request For a Review dated 05/24/07
- LHL009: Request For a Review By An Independent Review Organization dated 05/16/07
- Hdi: Reconsideration/Appeal of Adverse Determination dated 05/04/07
- Hdi: Utilization Review Determination dated 04/23/07
- Computerized Muscle Testing and Range of Motion testing report dated 04/12/07
- Orthopedic Reports dated 04/12/07, 03/01/07, 02/05/07 from, M.D.
- Memorial MRI & Diagnostic: MRI right shoulder dated 02/09/07, MRI cervical spine dated 02/09/07, MRI lumbar spine dated 02/09/07
- Memorial MRI & Diagnostic: Stat Report dated 02/09/07
- M.D.: X-ray report summaries (handwritten, undated) of lumbar, thoracic and ribs, cervical and right shoulder
- Undated article entitled, "ODG Treatment – Integrated Treatment/Disability Duration Guidelines"

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a female with date of injury xx/xx/xx. The injured individual had an MRI a week later which showed 1mm herniation of nucleus pulposus (HNP) at C5/6 and L5/S1 with no nerve root impingement or compromise. On physical exam she had neck pain initially to her right shoulder and later extending to her arms. Her cervical neurological exam is normal. She had initial complained of low back pain to her right leg with pain upon straight leg raise (SLR) of the right side; however, it is not clear is this is back pain or radiating leg pain. The injured individual was recommended to have physical therapy (PT) from the initial visit but has not yet gone.

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

The injured individual is a female with date of injury xx/xx/xx. The injured individual had ESIs denied as she had not tried PT. Her attending physician (AP) recommended PT from the first visit, but states she has not gone as of xx/xx/xx. Based on the Official Disability Guidelines (ODG) the injured individual must be initially unresponsive to conservative treatment such as exercises, physical methods, NSAIDs and muscle relaxants for ESI to be considered as medically necessary.

The MRI showed minimal herniation of nucleus pulposus at C5/6 and L5/S1 with no nerve root compromise. This was another reason for the prior denial. Her cervical exam is normal, there is no clinical findings of radiculopathy; her lumbar exam only states she has pain with SLR on the right but does not indicate if this is back or leg pain. Documentation of radiculopathy must be present for ESI to be considered as medically necessary based on ODG guidelines. For all these reasons, the ESIs are not warranted as the injured individual fails ODG guidelines for this procedure.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES