

MATUTECH, INC.

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DATE OF REVIEW: JUNE 3, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right L4-L5 and L5-S1 transforaminal ESI w/ fluoroscopy (64483, 64484, 77003)

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

The physician providing this review is a Doctor of Medicine (M.D.). The reviewer is national board certified in Physical Medicine and Rehabilitation as well as pain medicine. The reviewer is a member. The reviewer has been in active practice for ten years.

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:

Insurance:

- Utilization reviews (04/06/07 & 04/26/07)

PATIENT CLINICAL HISTORY:

This is a patient who was injured on, while working on a pressing machine. He felt sharp pain in his lower back. He was diagnosed with low back pain and lumbar disc herniation. On February 5, 2004, he underwent a lumbar microdiscectomy at L4-L5.

Magnetic resonance imaging (MRI) performed in December 2006 showed degenerative change and L4-L5 right-sided laminotomy and L5-S1 osteophytes. The current diagnosis is thoracic or lumbosacral radiculitis.

Following this, no further treatment was provided until January and March 2007 when he received two epidural steroid injections (ESIs) respectively with 60% relief of symptoms. As of March 28, 2007, the patient had returned back to work.

On April 6, 2007, request for L4-L5 and L5-S1 ESIs were denied. The rationale provided was: *Most current guidelines recommend no more than two ESIs. Research had shown that on average less than two injections are required for a successful ESI outcome. Current recommendations suggest a second ESI if partial success is produced with the first injection, and a third ESI is rarely recommended.*

On April 26, 2007, following an appeal, the denial was upheld. The rationale for the denial was: *Per records, there was no information as to what the results of the first ESI were. Depending on the results of the first injection, there might be a role for additional injection/s at least one for the time being. The M.D. could not be reached and as such any partial certification could not be recommended.*

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IT IS CLEAR THAT THE FIRST 2 INJECTIONS PROVIDED PARTIAL RELIEF WHICH IS A FACT THAT THE PEER REVIEWERS DID NOT LOCATE. IN THIS ONGOING SCENARIO UPTO 4 BLOCKS PER REGION PER YEAR ARE MEDICALLY NECESSARY PER ODG GUIDELINES

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

- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**

Boswell MV, Trescot AM, Datta S, Schultz DM, Hansen HC, Abdi S, Sehgal N, Shah RV, Singh V, Benyamin RM, Patel VB, Buenaventura RM, Colson JD, Corder HJ, Epter RS, Jasper JF, Dunbar EE, Atluri SL, Bowman RC, Deer TR, Swicegood JR, Staats PS, Smith HS, Burton AW, Kloth DS, Giordano J, Manchikanti L. *Interventional Techniques: Evidence-based Practice Guidelines in the Management of Chronic Spinal Pain. Pain Physician. 2007;10:7-111.*