

Notice of Independent Review Decision
REVISED REPORT
Corrected Review Type

June 18, 2007
April 23, 2007

DATE OF REVIEW: 04-20-07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Repeat Third Transforaminal Lumbar Epidural Steroid Injection (ESI) at Bilateral L5 with fluoroscopy and epidurography.

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)

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.

Injury Date	Claim Number	Review Type	Upheld Overturn
		Concurrent	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Notice of Adverse Determination (carrier received date 02-01-07)
 Request for Reconsideration of Adverse Determination (03-02-07)
 Physician Reconsideration Letter (02-15-07)
 Physician Follow-up Note (11-15-06, 10-04-06, and 01-29-07)
 Operative Report (11-02-06 and 12-21-06)
 Initial Patient Consult (08-16-06)
 MRI of Lumbar Spine (06-02-06)

PATIENT CLINICAL HISTORY [SUMMARY]

This male was injured on a work-related accident. The injured worker (IW) felt a sharp pain over the lumbar spine area. Initial x-rays were performed and medications were prescribed. The IW returned to light duty. However, the IW continued to experience pain. MRI on 06-02-06 showed L2/3, L3/4 mild central stenosis and a L4/5 6mm broad based central disc extruded inferior with thecal sac impingement. There was also some facet hypertrophy present and a mild grade one retrolisthesis at L4/5. The IW declined surgery and physical therapy was started. The IW has had 2 transforaminal lumbar epidural steroid injections with the most recent on 12-21-06 with about 65% relief of pain.

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

The Reviewer cited Bogduk N, ed. Practice Guidelines for Spinal Diagnostic and Treatment Procedures. San Francisco, Calif: International Spine Intervention Society; 2004. "No data justifies an automatic or routine series of Transforaminal injection of corticosteroids. Any repetition of an injection should be based on the patient's response to the previous injection. If a patient obtained at least 50% relief, but subsequently suffers a relapse or recurrence of prior a second injection may be performed...". The Reviewer noted that the patient at the time of request for authorization had 65% relief of pain from the transforaminal lumbar ESI on 12-21-06.

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 JUDGMENT, 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)