IRO NOTICE OF DECISION – WC

IRO REVIEWER REPORT – WC

DATE OF REVIEW: 2-24-2007

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

Physician Reviewer, Board certified in Orthopedic Surgery

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

☐Upheld (Agree)

X 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.

Date of Injury	Type of Review	Claim No	Service being Denied	Upheld Overturn
xx-xx-xxxx	Precertification	WCxxx-xxxxxx	Lumbar ESI	Overturn

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Preauthorization form dated 1-9-2007
Case Reports dated 1-15-2007 and 2-14-2007 (reconsideration)
Physician Prescription for lumbar epidural block L5-S, L4-S (L) facet injection dated 12-12-06
Adverse Determination Letters dated 1-15-2007 and 2-14-2007
Physician Progress notes of 12-12-2006
MRI of lumbar spine report performed on 11-14-2006

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is post injury with diagnosis of Lumbar Syndrome with Radiculopathy. An MRI of the lumbar spine done on 11-14-2006 showed severe facet arthropathy at L5-S1, bilateral neuroforaminal stenosis, mild bulging at L3-L4, and evidence of a previous laminotomy at L4-L5 on the right. The claimant continued to have intermittent back pain that radiates into left leg. The treating physician recommended a lumbar epidural and facet injection.

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

The treating physician's request for lumbar epidural steroids was entirely appropriate for this claimant. The physician had documented well. Appropriate conservative management for conditions such as the problem encountered by this patient is well established in published texts on the surgery of the spine, e.g., **The Textbook of Spinal Surgery** by Dewald, et al and **Rothman-Simeone: the Spine** by Herkowitz, et al.

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**
- X **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**
- X **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**

☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**