
IRO REVIEWER REPORT TEMPLATE –WC

DATE OF REVIEW:

03/13/2007

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

Caudal epidural steroid block/fluoroscopy.

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

Doctor of Osteopathy, Boarded in Anesthesiology, Specializing in Pain Management

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.

The requested caudal epidural steroid block/fluoroscopy is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Case Report dated
- Referral dated 02/27/07
- Texas Department of Insurance: Notice to Case Assignment dated 03/14/07
- Texas Department of Insurance: Notice of Assignment of Independent Review Organization dated 02/22/07
- Texas Department of Insurance: Request For A Review By An Independent Review Organization dated 02/21/07
- DWC: Dismissal Notice dated 02/15/07
- Non-Authorization After Reconsideration Notices dated 01/10/07, 01/08/07 from M.D.
- Fax Cover Sheet dated 01/02/07
- Non Authorization Notice dated 12/27/06 from M.D.
- Initial Chart Note dated 12/04/06 from M.D.
- DFW MRI: MRI lumbar spine dated 10/03/06
- Report dated 08/18/06 from M.D.
- Texas Department of Insurance: Confirmation of Receipt Of A Request For A Review

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a female. The injured individual had physical therapy (PT) and work hardening. A Functional Capacity Exam (FCE) showed inconsistent effort. MRI showed minimal bulges; Electromyogram (EMG) showed generalized peripheral neuropathy. She had negative Straight Leg Raise (SLR), normal neurological exam, pain worse with extension and rotation (facet symptoms), and no leg complaints.

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

The Epidural Steroid Injection (ESI) is denied for multiple reasons. First, MRI was essentially negative showing only minimal bulges but no Herniation of Nucleus Pulposus (HNP) or nerve root compromise. Second, EMG showed a similar non-specific finding in “generalized peripheral neuropathy”. Third, the injured individual had low back and buttock pain but no leg symptoms or radicular symptoms. Fourth, the SLR and entire neurological exam were negative. Fifth, the FCE showed multiple examples of inconsistent effort. For all these reasons, the ESI is denied.

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

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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