

Parker Healthcare Management Organization, Inc.

DATE OF REVIEW: MARCH 6, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed left L5-S1 transforaminal epidural steroid injection (64483) / (64484), fluro (76005), 01992 and J codes (injectables).

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

The reviewer for this case is a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery, and is engaged in the full time practice of medicine.

REVIEW OUTCOME

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

- Upheld (Agree)
- XX Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
724.2	64483,64484		Prosp		Unk				Overturn
724.2	76005,01992 and J codes		Prosp		Unk				Overturn

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO

Respondent (SORM) records- a total of 183 pages of records received to include but not limited to: cover letter, 2.19.07; TDI-HWCN-Request for an IRO; letter for

MDR, 2.12.07; MRI LSPine, 9.15.04, 12.18.06; 1.22.07, 2.6.07; Medical records, Dr., 5.3.06-12.21.06 ; LSpine x-ray, 5.2.06; Records 10.12.04-1.18.07; FCE, 9.8.05; Records, Dr. 2.16.05- 5.25.05; report, 11.15.04; Preauth requests; records, Dr.1.15.07-2.2.07; 1.19.07,1.22.07, 2.6.07

Respondent records- a total of 39 pages of records received to include but not limited to: cover letter, 2.19.07; TDI-HWCN-Request for an IRO; letter for MDR, 2.12.07; MRI LSPine, 9.15.04, 12.18.06; 1.19.07,1.22.07, 2.6.07; Dr. 1.15.07-2.2.07

Requestor records- a total of 144 pages of records received to include but not limited to: Records, Dr. 5.3.06-2.7.07; 10.12.04-1.18.07; TDI-HWCN-Request for an IRO; letter for MDR, 2.12.07; MRI LSPine, 9.15.04, 12.18.06; 1.19.07,1.22.07, 2.6.07; Dr. 1.15.07-2.2.07; FCE, 9.8.05; Records, Dr. 2.16.05- 5.25.05; report, 11.15.04; Preauth requests; report, 11.15.04

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient sustained a work related on the job injury. He had prior surgery on 4/27/05 at L4-5 for a disc herniation.

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

Post-operatively, he was improved with resolution of his buttock pain. However, he had recurrence of those symptoms into the left buttock. There was a repeat lumbar MRI without contrast completed on 12/18/06, which showed a recurrent disc with further increase in disc size since the 9/15/04 MRI.

A trial of a left transforaminal ESI would be appropriate although it may be better placed at the L4-5 level.

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 (*Guidelines #14 Bigos et al, 1994*)
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- 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 (LOW BACK)
- 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)