

Notice of Independent Review Decision

DATE OF REVIEW:

05/31/2007

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

Caudal epidural steroid injection

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

Board Certified Doctor of Osteopathy, Board Certified Anesthesiologist, and 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.

Caudal epidural steroid injection (ESI) is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MCMC: Case Report dated 05/17/07
- MCMC Referral dated 05/17/07
- DWC: Notice to MCMC, LLC of Case Assignment dated 05/17/07
- DWC: Notice To Utilization Review Agent of Assignment of Independent Review Organization dated 05/17/07
- DWC: Confirmation of Receipt of a Request For a Review dated 05/11/07
- LHL009: Request For a Review By An Independent Review Organization dated 05/08/07
- Direct: Adverse Determination letter (Appeal) dated 04/23/07
- Spine Center: Fax Cover Sheets with notes dated 03/23/07, 03/19/07
- Direct: Adverse Determination letter (Initial) dated 03/22/07
- D.O.: Designated Doctor Evaluation dated 10/02/06
- DWC-69: Report of Medical Evaluation with Date of Exam 10/02/06
- Imaging: MRI lumbar spine dated 09/24/06

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a male with injury. The injured individual had physical therapy (PT) and work hardening. He had non-radiating pain in 03/2007. He had negative straight leg raise (SLR). He did have noted right foot weakness 4/5 but the Designate Doctor Evaluation (DDE) of 10/2006 failed to find this. It noted there are no motor or sensory deficits, the injured individual could heel and toe walk normally, and he was on no medications. His MRI showed a small protrusion at L5 and facet hypertrophy. Based on the clinical findings and current standards of practice, the request for caudal epidural steroid injection (ESI) is not medically necessary.

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

This injured individual fails to meet currently accepted criteria for a caudal ESI due to lack of radicular findings and lack of MRI finding of nerve root compromise. Based on Official Disability Guidelines, ESI is a treatment option for radicular pain. Criteria for use of ESI are documented radicular pain and objective clinical findings must be present. Based on these criteria, this injured individual does not meet current accepted criteria and therefore the request 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 KNOWLEDGEBASE

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

- Bonica's Management of Pain third edition copyright 2000.
- ASIPP Guidelines as reprinted in Pain Physician 2/05.
- Corlandt Forum May 2001;159;90 Crowell RM.