

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-17 pages

Respondent records- a total of 39 pages of records received to include but not limited to: letter, 10.8.07, 10.15.07, 11.2.07; list of providers; UR review referral, no date; Pain Institute notes, 2.12.07-10.2.07; MRI L-Spine 12.7.06; P-IRO report, 6.27.07; ODG guidelines were not provided by respondent

Requestor records- a total of 9 pages of records received to include but not limited to: Pain Institute notes, 2.12.07-10.2.07; MRI L-Spine 5.6.04, 12.7.06

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained a work related job injury on xx/xx/xx. This patient was injured and treated by Dr. and was receiving epidural injection for a back injury with excellent results and response to treatment with reduction of pain and maintaining himself in employment. He has had one injection with an overall reduction of pain by at least 30%. This is consistent with ODG guidelines. He has good pain reduction and reduction of medication and he meets the clinical criteria for additional treatment.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

In making this determination, two volumes of information were provided, one from the carrier describing the denial and the reasons for that using ODG guidelines and the information from the treating physician including the patient records and procedure notes, etc. This determination is made based on the ODG guidelines being the primary source for information. I believe an additional epidural steroid injection in the lumbar spine and 2-3 trigger points is consistent with the ODG guidelines for treatment and management. As far as the trigger injections are concerned, they were effective in controlling pain combined with the last trial. There was also documented quadratus lumborum and gluteal trigger points and it would be reasonable and appropriate based on standard treatment protocols to approve these. Therefore, I am approving one Lumbar ESI w/fluoroscopy and 2-3 trigger point injections as medical necessary and denying one Lumbar ESI w/fluoroscopy and the remaining trigger point injections.

There is no indication for approving a third injection, as this would exceed the ODG guidelines and he does not have any apparent indication at this time, to justify performing a series of 3 injections, without monitoring the specific outcome from each particular injection.

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
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX 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)