

## Notice of Independent Review Decision

**DATE OF REVIEW:** 11/7/2007

**IRO CASE #:**

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

CPT 62311: Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; lumbar, sacral (caudal)

CPT 77003: Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural, transforaminal epidural, subarachnoid, paravertebral facet joint, paravertebral facet joint nerve, or sacroiliac joint), including neurolytic agent destruction

CPT 72100: Radiologic examination, spine, lumbosacral; two or three views

### **QUALIFICATIONS OF THE REVIEWER:**

This reviewer graduated from University of Oklahoma, College of Medicine and completed training in Physical Med & Rehab at Baylor Medical Center. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Physical Med & Rehab since 5/14/1994 and currently resides in OK.

### **REVIEW OUTCOME:**

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

- |  |                                  |
|--|----------------------------------|
| Upheld   | (Agree)                          |
| <input checked="" type="checkbox"/> Overturned | (Disagree)                       |
| Partially Overturned                           | (Agree in part/Disagree in part) |

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CPT 77003: Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural, transforaminal epidural, subarachnoid, paravertebral facet joint, paravertebral facet joint nerve, or sacroiliac joint), including neurolytic agent destruction Overturned

CPT 72100: Radiologic examination, spine, lumbosacral; two or three views Overturned

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Official Disability Guidelines
  2. Clinical note dated 10/24/2007
  3. Clinical note dated 10/24/2007
  4. Clinical note dated 9/24/2007
  5. Utilization review MD, dated 9/24/2007
  6. Verbal notification LVN, dated 9/24/2007
  7. Clinical note DO, dated 10/11/2007
  8. Verbal notification LVN, dated 10/11/2007
  9. Clinical note DO, dated 5/1/2007
  10. Verbal notification LVN, dated 5/1/2007
  11. Clinical note dated 10/3/2007
  12. Review referral dated 9/18/2007
  13. Epidural steroid injections dated 10/24/2007
  14. Clinical note MD, dated 3/28/2007 to 9/18/2007, multiple dates
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15. Clinical note MSN, dated 1/25/2007 to 2/28/2007, multiple dates
16. Clinical note MD, dated 4/14/2007
17. Clinical note dated 4/12/2002
18. Clinical note dated 4/3/2007
19. Consultation note DC, dated 2/27/2002
20. The ODG guidelines were not provided for review

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

The injured employee is a xx year old male with exacerbation of disc herniation at L5-S1 with L5-S1 radiculopathy, per notes from xx/xx/xx. The injured employee had experienced severe excruciating pain in his lower back that radiated into his left leg. The Norco and Lyrica combination that worked well for him in the past was now totally ineffective. The injured employee was scheduled for an epidural steroid injection for treatment. The request for epidural steroid injection is under review for medical necessity.

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

The records available for review document that there are radicular symptoms present, and it is documented that there has been an increase in pain symptoms, not resolved with utilization of prescription medications, including narcotic medications. In this case, it would be considered reasonable and appropriate to pursue an attempt at a lumbar epidural steroid injection as requested in an effort to decrease pain symptoms. The requested procedure would be considered reasonable and appropriate in this particular case per the Official Disability Guidelines. Therefore, the previous denial is overturned.

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