



Notice of Independent Review Decision

DATE OF REVIEW: 4/22/08

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for epidural steroid injection #2.

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

REVIEW OUTCOME:

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

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

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 previously denied request for epidural steroid injection #2.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Notice to CompPartners, Inc. of Case Assignment dated 4/16/08.
- Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 4/16/08.
- Request Form Request for a Review by an Independent Review Organization dated 4/14/08.

- **Company Request for Independent Review Organization dated 4/15/08.**
- **Determination Notification Letter dated 4/2/08, 2/25/08.**

No guidelines were provided by the URA for this referral.

PATIENT CLINICAL HISTORY (SUMMARY):

Age: xx years

Gender: Male

Date of Injury: xx/xx/xx

Mechanism of Injury: Fell 8 feet from a forklift.

Diagnosis: Lumbosacral neuritis.

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

The patient is a male xx-year-old male who was involved in a work related injury on xx/xx/xx. Data regarding the injury is limited, but it appeared that the patient fell from a height of about 8 feet from a forklift, sustaining an injury to the low back. The current diagnosis was "lumbosacral neuritis." The patient had been treated with physical therapy and medications, with limited success. The patient had a lumbar MRI done in August 2007, which showed the presence of multiple level disc degeneration, with a herniated nucleus pulposus at L5-S1, producing some nerve root compression on the left side at S1. The patient had also been treated with narcotic analgesics and anti-inflammatory medications. The patient received a lumbar epidural steroid injection (ESI) on 2/12/08. A request for a second ESI was made a few days later. It was noted that the patient had felt worse initially, but then improved over the next few days. Shortly thereafter, the patient's pain was starting to recur. The request for another ESI was made. The request was not approved, citing that "records do not reflect significant response to the first injection to support a second ESI." The request was submitted for review again. The reviewer again noted that "there is not documentation of at least 50% relief for 6 to 8 weeks following the first injection, and there is also no documentation of herniation into the lateral recess." The request was not approved. The request has now been submitted for an IRO review. This reviewer was not provided any new clinical information in this case. However, this reviewer is in agreement with the prior two reviewers and recommend an adverse determination of the request. The patient's MRI showed nerve root compression leading to compression at S1 on the left side. Nothing in the clinical documentation provided for review or the evaluation of the patient supports that there was an active lumbar radiculopathy into the left lower extremity in the S1 dermatomal distribution. A comment was only made of a vague description of back pain and leg pain; which leg was not commented on. There was no description of any focal neurological deficit into either leg to support radiculopathy, either. Lastly, the available clinical data submitted for review, as

noted by the other reviewers in this case, does not support criteria recommendations by ODG, which indicates that there should be greater than 50% pain relief for at least 6 to 8 weeks post injection, before consideration of another injection. The ODG state: "Recommended as a possible option for short-term treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) with use in conjunction with active rehab efforts... Radiculopathy must be documented. Objective findings on examination need to be present." There was no data supporting radicular pain in a dermatomal distribution, based on MRI findings. There was no data to support an active rehabilitation program. Also: "A second block is not recommended if there is inadequate response to the first block. To be considered successful after this initial use of block/blocks there should be documentation of at least 50-70% relief of pain from baseline and evidence of improved function for at least six to eight weeks after delivery." Therefore, based on the available clinical information, and the ODG recommendations, an adverse determination is given for the request for lumbar ESI #2.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.
- ODG – OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES. Official Disability Guidelines (ODG), Treatment Index, (web) 5th Edition, 2007 – Integrated Treatment/Disability duration Guidelines, Low Back - Lumbar and Thoracic (Acute and Chronic).
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.

- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).