



Notice of Independent Review Decision
PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 12/31/2008
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Selective Nerve
Root Block L2-3
Left C6 Epidural
Steroid Injection

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from New England College of Osteopathic Medicine and completed training in Anesthesiology at University of Medicine and Dentistry of New Jersey. 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 Anesthesiology and Pain Management since 1992.

REVIEW OUTCOME:

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

- X Upheld (Agree)
Overtured (Disagree)
Partially Overtured (Agree in
part/Disagree in part) Lumbar Selective Nerve
Root Block L2-3 Upheld
Left C6 Epidural Steroid Injection Upheld

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a xx year old male who had an injury in xx/xx/xx when he had a level surface fall and had struck the back of his head. He was taken to the hospital and subsequently underwent cervical fusion later that year. In July of 2007 he underwent L4-5 decompression for acquired stenosis in the low back. He did well but had recurrence of pain, especially in the legs. He takes Lyrica and Skelaxin and uses Hydrocodone sparingly.

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

The electromyogram (EMG) is negative. Magnetic Resonance Imaging (MRI) revealed only small disc bulges at multiple levels. The physical examination is devoid of any radicular findings implicating this nerve root level as being pathologic. The injured employee was noted to be complaining of left foot drop but this is not an L2-3 innervated area. The injured employee fails to meet ODG criteria for a Selective

Name: Patient\_Name  
Nerve Root Block (SNB).

For the cervical Epidural Steroid Injection (ESI), MRI showed stenosis but no HNP or nerve root compromise. The EMG was negative and the injured employee had only interscapular pain. This request for cervical ESI fails to meet ODG Guidelines. The denial for both selective nerve root block at L2-3 and cervical ESI at C6 is upheld.

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

- X** 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)