

NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION
Workers' Compensation Health Care Network (WCN)

12/22/2008

DATE OF REVIEW: 12/22/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar epidural injection under fluoroscopy #2

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

Texas State Licensed MD Board Certified Anesthesiology & Pain Management physician

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Assignment to 12/03/2008
2. notice of assignment of IRO 12/03/2008
3. notice to URA of assignment of IRO 12/03/2008
4. Confirmation of Receipt of a Request for a Review by an IRO
5. Company Request for IRO Sections 1-8 undated
6. Request For a Review by an IRO patient request 12/01/2008
7. Libe letter 11/20/2008
8. letter 11/12/2008
9. appeal letter 11/20/2008
10. preauthorization 11/12/2008
11. Physical therapy prescription 12/03/2008
12. letter 11/25/2008, 11/17/2008
13. Office note 10/22/2008
14. Appeal fax cover sheet 11/17/2008
15. Preauthorization fax cover sheet 11/10/2008
16. Preauthorization request fax sheet not dated
17. MRI lumbar spine 09/09/2008
18. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:

The patient is status post a work-related injury. Since that time, the patient has had low back pain radiating to the right leg and knee. The pain is dull and aching in nature and is 7 on a scale of 0-10. On physical examination, the patient has decreased range of motion in the lumbar spine with a positive straight leg raising on the right at 35 degrees with decreased sensation in the right

L-5 distribution. The patient has also had treatment consisting of physical therapy and medications. MRI shows a bulging disk at L3-L4 and a 3 mm disk protrusion at L5-S1 with an annular tear as well. According to the last medical note, patient has had an epidural steroid injection on October 30, 2008 with 70% improvement. I have been able to determine the medical necessity of this request as the patient has had one epidural steroid injection already with 70% improvement with documented low back pain, radiculopathy, sensory changes, and a 3 mm disk protrusion.

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

Patient meets the criteria under the Official Disability Guidelines low back pain chapter on epidural steroid injection section #7 where it clearly states therapeutic phase. If after the initial blocks were given and found to produce pain relief of at least 50 to 70% pain relief, additional blocks may be required. This is generally referred to as the therapeutic phase. The general consensus recommendation is no more than four blocks per year per region. Patient clearly meets the Official Disability Guidelines criteria for a repeat block.

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
- 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)