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Notice of Independent Review Decision

DATE OF REVIEW: 12/31/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Epidural Pain Block
SI Injection

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

Board Certified in Orthopedic Surgery

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.

Epidural Pain Block - Upheld
SI Injection - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MRI of the Lumbar Spine, , D.O., 06/26/08
- History & Physical/Progress Notes, , 08/11/08, 08/14/08
- DWC-73, , M.D., 08/11/08
- Notice of Disputed Issue(s) and Refusal to Pay Benefits, 08/11/08
- DWC-73, , M.D., 08/12/08, 08/20/08, 09/02/08
- Progress Notes, , 08/12/08, 08/20/08, 09/02/08
- DWC-73, M.D., 08/14/08

- Examination Evaluation, , M.D., 08/26/08
- Examination Evaluation, , M.D., 08/28/08, 09/04/08, 09/30/08, 10/31/08, 11/20/08
- DWC-73, Dr. , 09/09/08
- Workers' Compensation Registration Form, 09/09/08
- Initial Physical Therapy Evaluation/Progress Notes, , P.T., 09/12/08, 09/15/08, 09/17/08, 09/19/08, 09/22/08, 09/24/08, 09/26/08
- Appointment Notice, , 09/23/08
- Examination Evaluations/Prescriptions, M.D., , 09/25/08, 09/26/08, 10/09/08, 10/27/08, 11/10/08
- DWC-73, Dr. , 09/25/08, 10/09/08, 10/27/08, 11/10/08
- Emergency Room Billing Sheet, , 09/27/08
- Report of Medical Evaluation, , M.D., 10/09/08
- DWC-69, Dr. Roger, 10/09/08
- DWC-73, Dr. Roger, 10/09/08
- Adverse Determination, 10/22/08, 11/10/08
- The ODG Guidelines were provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient sustained injuries to his low back on xx/xx/xx, having complaints of lower back pain radiating to his neck and right leg with intermittent numbness and tingling of his right leg. MRI's were performed, he was referred for EMG/NCV, and has also undergone physical therapy. An epidural steroid injection and sacral iliac joint injection were recommended. His most recent medications were noted to be Lyrica, Vicodin, Flexeril, and Celebrex.

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

No, it is not. Epidural injections have been recommended for the temporary reduction of radicular pain. There is no evidence that they are effective in the type of axial pain from which this patient is suffering. There is no evidence of radiculopathy either on the electrodiagnostic study, nor would there be an obvious cause of radiculopathy as the MRI scan is essentially normal with degenerative changes. Therefore, an epidural block is neither reasonable or necessary.

Sacroiliac joint injections are for diagnostic purposes only. The patient appears to be having discogenic pain. A sacroiliac joint block, according to the ISIS, Spinal Injection Society's Guidelines, would not be reasonable or necessary.

Please note that this not a life threatening condition. This patient is suffering from benign nonmalignant axial spinal pain.

Criteria used in this analysis include the ODG, the textbook The Spine (Harry Herkowitz, M.D., editor), and the ISIS Guidelines as quoted above.

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)**

1. The Spine (Harry Herkowitz, M.D., editor)
2. ISIS Guidelines