

SENT VIA EMAIL OR FAX ON
Dec/29/2008

Independent Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/28/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Epidural Steroid Injection X 3

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

Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Denial Letters 11/11/08 and 11/20/08

Records from 11/6/08 thru 12/1/08

MRI 10/9/08

PT Eval's 10/1/08 thru 11/18/08

PATIENT CLINICAL HISTORY SUMMARY

This is a xx year old man who reportedly injured his back on xx/xx/xx while pushing an heavy object. His MRI on 10/9/08 described degenerative disc changes at l5/S1 with a disc herniation that did not encroach the neural foramen or cause spinal stenosis. The man's complaints are that he had back pain and then he has left leg pain with numbness on stairs. He reportedly had a positive straight leg raising and positive Patrick test and pain on SI stressing. Three epidural injections were requested, but the progress notes planned for one with repetition. Therapy notes accompanied the records.

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

This man has back pain and reported leg pain. His lumbar MRI was abnormal. There is a

high incidence of asymptomatic disc herniations on MRIs. There was no neurological examination provided. He was reported as having a positive FABER sign, SI pain and positive SLR. All of these could stress the SI joint, which in turn can refer pain down the lower extremity. There was no description of the referred pattern of the positive SLR. Some incorrectly will associate a positive SLR with back pain, but its value is when the pain is referred down the sciatic nerve to the calf or foot. This was not provided. It is possible that this man has a chemical radiculitis. In short, there is no documentation in the material reviewed that support the diagnosis of a radiculopathy. As noted in the ODG, the diagnostic epidural injection can help confirm a specific nerve root as the pain generator. Therapeutic ESIs are appropriate for control of radicular pain. The latter was not confirmed in the records provided. In the absence of confirmation of the presence of a radiculopathy, there is no justification of epidural steroid injections. Further, there is no evidence supporting the "series of three" requested.

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

ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)