



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)

12/01/2008

DATE OF REVIEW: 12/01/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left L5 SNRB under fluoro 64483

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

Texas State Licensed MD Board Certified Orthopaedic Surgeon

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. Texas Dept of Insurance Assignment to Medwork 11/17/2008
2. Confirmation of Receipt of a Request for a Review by an IRO 11/17/2008
3. Company Request for IRO Sections 1-8 undated
4. Request For a Review by an IRO patient request 11/14/2008
5. UR decision letter 11/08/2008
6. UR decision letter 10/21/2008
7. Chart listing of patient providers
8. Spine Institute office note 10/27/2008, 10/10/2008 w addendum, 09/25/2008, 07/18/2008
9. CT/CT spine lumbar w contrast 07/17/2008 w addendum
10. Spine Institute office note 05/29/2008, 03/03/2008, 12/20/2007, 10/16/2007
11. ODG guidelines low back – lumbar & thoracic (acute & chronic)

PATIENT CLINICAL HISTORY:

Patient was assessed with EMG evaluation on October 27, 2008. This showed a left S1 radiculopathy. The request for treatment is for a left L5 selective nerve root block. This man has had an MR scan. This showed stenosis with spondylolisthesis of L4 and L5. There is a central disk herniation at L5-S1. In the past, he has had injections, which have apparently given him no relief. His treating doctor has recommended lumbar discography.



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

There is insufficient data to support sending this individual for a left L5 selective nerve root block. Using ODG guidelines, this would neither be therapeutic nor diagnostic. Using common medical sense, this would not provide any useful diagnostic or therapeutic information, particularly since previous injections have failed. The previous adverse determination should be upheld.

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)