



## Medwork Independent Review

5840 Arndt Rd., Ste #2  
Eau Claire, Wisconsin 54701-9729  
1-800-426-1551 | 715-552-0746  
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### *NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)*

**12/08/2008**

**DATE OF REVIEW: 12/08/2008**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Epidural injection with fluoroscopy

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

Texas State Licensed MD Board Certified Orthopedic 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 11/25/2008
2. Texas Dept of Insurance notice to URA of assignment of IRO 11/25/2008
3. Confirmation of Receipt of a Request for a Review by an IRO 11/25/2008
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 11/24/2008
6. Appeal Determination 10/31/2008
7. Physicians Ltd Appeal Determination 10/31/2008
8. Peer Review 8/28/2008
9. Physicians, Ltd Initial Review 8/28/2008
10. Office Notes 10/28/2008, 8/14/2008, 6/24/2008, 5/22/2008
11. MRI Lumbar Spine without contrast 6/19/2008
12. Electro-Diagnostic Interpretation lower extremities 6/6/2008
13. ODG Guidelines were not provide by URA

**PATIENT CLINICAL HISTORY:**

Patient had an injury xx/xx/xx. An EMG was carried out which suggests an L-4 radiculopathy. An MR scan was carried out which suggested changes at the L3-4 level.



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The patient has already had an injection at the L4-5 level. According to the records, the patient did not get any relief whatsoever from that injection.

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

Based upon the ODG Guidelines, this patient would not be suitable for further injections. He received no relief following an epidural steroid injection. There is no indication that further injections would be useful. 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 KNOWLEDGBASE
- 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



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**FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**