

US Decisions, Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: DECEMBER 12, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient lumbar epidural steroid injections (ESI) at L5-S1 on the right side

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

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.

The reviewer finds that medical necessity does not exist for Outpatient lumbar epidural steroid injections (ESI) at L5-S1 on the right side.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 11/3/08, 11/14/08

ODG Guidelines and Treatment Guidelines

, MD, 10/27/08, 11/7/08

, MD, 10/1/08

MRI, 2/5/08

, Dr. , MD, 10/6/08, 10/9/08, 11/5/08, 10/27/08, 10/13/08

Dr. , MD, 7/9/08, 7/2/08, 6/29/08, 7/30/08

FCE, 5/20/08

Dr. , MD, 8/21/08, 9/30/08, 10/28/08
Flexion and Extension Views of the Lumbar Spine, 9/23/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx-year-old female who, according to history, sustained a work-related injury while she was working as a . She fell down a half a flight of stairs. She has had a CT scan of the spine as well as of the MRI scan of the spine as well as myelogram and post-myelographic CT scan of the lumbar spine. She has been on Darvocet and Skelaxin and off work. She has had twelve sessions of physical therapy, which were of no help according to the medical records provided. She attended a work hardening program that made her feel "horrible." She has had one epidural steroid injection, but the results were not provided in the medical records. She has had a CT myelogram, which was essentially normal. There was no evidence of any nerve root impingement. An MRI scan showed some degeneration at the L5/S1 disc with a "small protrusion." On examination she has straight leg raising positive bilaterally at 30 degrees. There is no evidence of any radicular findings on physical examination and no evidence in the myelogram or the MRI scan that would support such a finding on physical examination. There are notes in the record of some depressive and suicidal tendencies. Current request is for outpatient lumbar epidural steroid injections (ESI) at L5-S1 on the right side.

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

The use of epidural steroids is well established in the conservative treatment of radicular complaints. However, this patient has no indication of any radicular findings, either from imaging studies or from physical examinations. Due to the fact that this patient does not demonstrate radiculopathy, she therefore does not meet the ODG Guidelines for ESI. The reviewer finds that medical necessity does not exist for Outpatient lumbar epidural steroid injections (ESI) at L5-S1 on the right side.

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)