

PRIME 400 LLC
240 Commercial Street, Suite D
Nevada City, California 95959

Notice of Independent Review Decision

DATE OF REVIEW: DECEMBER 24, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right C6-7 ESI and Lumbar ESI

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 Right C6-7 ESI and Lumbar ESI.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 10/31/08, 12/3/08
ODG Guidelines and Treatment Guidelines
, MD, 10/6/08
MD, 10/23/08, 9/23/08, 8/21/08, 1/31/08, 11/29/07, 10/4/07, 8/16/07, 3/29/07, 5/15/07,
4/26/07, 12/18/07, 7/19/07, 6/21/07
, MD, 6/26/07
MRI of the Lumbar Spine, 3/20/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This is an injured worker, xx years old, with substantial complaints of back and neck pain. She had a history of previous epidural steroid injections. She has had an EMG/nerve conduction study in 2007, which showed no radiculopathy. She had a repeat EMG/nerve conduction study, which showed median nerve neuropathy, C6/C7 radiculopathy, and left L4/L5 radiculopathy. An MRI scan of the lumbar spine was provided, which showed bulging discs, 4 mm at L3/L4, 2 mm at L4/L5, and 3 mm at L5/S1 without evidence of nerve root compression. There was no MRI scan of the cervical spine provided. In the medical records there was talk of a myelogram that had been performed, which was not provided for review, but the treating surgeon stated that it did not enable him to localize the patient's complaint at multilevel bulging, and consideration for discogram was made. The patient has had two previous epidural steroid injections, and the request is for these to be repeated.

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

This patient has had already had two epidural steroid injections, which conform to the ODG Treatment Guidelines. The treating physician has not provided imaging studies or further examination, which would explain why the procedures are being requested. Additionally, the performance of the lumbar epidural steroid injection and the cervical epidural steroid injection at the same time is not considered appropriate per ODG Guidelines due to the additional risks involved. The medical records provided do not substantiate why the epidural steroid injection should be repeated, and do not substantiate why the deviation from the ODG Guidelines should be made. It is for this reason that the previous adverse determination is upheld. The reviewer finds that medical necessity does not exist for Right C6-7 ESI and Lumbar ESI.

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)**