

P-IRO Inc.

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: 07/14/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

ESI, transforaminal, to bilateral L4-5 with fluoroscopy.

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

M.D., Board Certified in pain management and anesthesiology under the American Board of Anesthesiologists.

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 5/27/08 and 6/18/08
MRI 2/6/08
Medical Records from Ortho: 1/16/08 thru 6/9/08
Worker's Comp Statement 1/11/08
ESI-4/29/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was injured while on the job when she slipped on chicken grease but did not fall. This occurred on xx/xx/xx. Since that time, the patient has been complaining of low back pain that radiates into her "left side, just behind the knee area." The patient has been involved in physical therapy and has also received a bilateral L4 transforaminal epidural steroid injection on 04/29/08. Per the note detailing the epidural, "there was appropriate needle placement" and there was

also “a good neurogram” obtained and also “good epidural flow.” An MRI that was performed on 02/06/08 was significant for a small central herniation of the protrusion type at L4-5 with moderate spinal canal stenosis. On her follow-up visit performed on 05/12/08, the patient noted that she had more than 80% pain relief from the epidural steroid injection. The patient was also noted to be “using less medications” and “the patient’s range of motion, activities of daily living, and medications have changed.”

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

Per the *Official Disability Guidelines*, a second block is not indicated “if the first block is accurately placed unless: a) there is a question of the pain generator; b) there is a possibility of inaccurate placement; or c) there is evidence of multilevel pathology.” It is noted that per the description of the epidural, there was no mention of the possibility of inaccurate placement. There has also been no question of the pain generator. In fact, physician Dr. has stated that the patient has done well with a reduction in medication and improvement in activities of daily living. Therefore, this is a perfect time to have the patient be involved in “more active treatment programs” which is what is described as the purpose of epidural steroid injections per the *Official Disability Guidelines*. There has been no mention that the patient’s pain has increased, and therefore, as far as the last note dated 06/09/08, the patient should have enough reduction of pain to be involved in a more active treatment program and hopefully be on her way to attempting a return to work.

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)