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Notice of Independent Review Decision

DATE OF REVIEW: JUNE 5, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed Lumbar ESI and facet injection x 1 at L4-5, L5-S1 (62311, 64475)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
722.1	62311		Prosp	1			Xx/xx/xx	xxxxx	Overtured
724.4	64475		Prosp	1			Xx/xx/xx	xxxxx	Overtured

PATIENT CLINICAL HISTORY [SUMMARY]:

The records reviewed indicate that this is a xx-year-old gentleman who developed back pain while lifting at work on xx/xx/xx. He received treatment by Drs. and. He received previous physical therapy and epidural steroid injection. A lumbar MRI revealed multi-level disc desiccation with foraminal narrowing at L4-L5. The patient received 90% relief from his initial epidural injection in 2005 and a second epidural injection on 10/27/2007 providing 1-2 months of relief. He continues to take Vicodin.

The denial is based on repeat injections using ODG guidelines stating: should only be performed if they produce pain relief of at least 50-70% and if the pain relief lasts for at least 6-8 weeks. Additional blocks may be required.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

In reviewing these records, it is clear this individual has much more severe pathology than is indicated in the reviewer's summary. He has a disc extrusion with L5 nerve root compression. A repeat MRI showed continued pathology at the L4-L5 level with neuroforaminal encroachment almost effacing fat beneath the exiting L4 nerve root. Also, there is evidence of endplate edema at L4-L5 and foraminal narrowing.

IRO DECISION: Overturn the denial of the proposed Lumbar epidural steroid injection at L4-L5 and L5-S1.

RATIONALE: The ODG guidelines do allow for repeat injections as quoted by the examiner in this case. This individual had clear evidence of lumbar radiculopathy with excellent results 90% or greater for over a year with initial injection and at least 8 weeks of improvement with the second injection. He is having symptoms and has exacerbation of his symptoms and it is not uncommon in these types of patients for this to occur.

Based on this review, I recommend that based on ODG guidelines, this individual have his repeat injection, as the records do reflect an appropriate set of circumstances under ODG guidelines to produce repeat injections.

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
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX 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)