

Independent Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: 11/06/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

ESI lumbar under fluoro #2; trigger point injection x4-6 to be done two weeks apart.

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 10/9/08 and 10/16/08

Diagnostics 4/4/08

Records 4/4/08 thru 10/7/08

MRI 4/11/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was injured on the job on xx/xx/xx. The patient was driving a car and was involved in a motor vehicle accident at that time. Per the last office visit note dated 10/07/08, the patient complains of "some pain." There is no specific

location for this pain noted in that office visit note. In addition, there is some tenderness noted to palpation over the lower back region. Otherwise, there are not many other physical exam results discussed. The patient had an epidural steroid injection performed although the exact date is not listed. According to the office visit note dated 10/07/08, the patient received 70% pain relief. It does not state for how long the patient received pain relief. In addition, there is nothing discussing as to what level the injection was performed or what type of injection was performed (interlaminar versus transforaminal).

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

Per the Official Disability Guidelines, radiculopathy must be documented and there must also be some objective findings on physical exam. On the initial visit dated 04/04/08, there were signs of radiculopathy noted upon the history and physical exam. Since then, there has been nothing noted in the history or physical exam that describes any type of radicular symptoms. There is a mention on 09/02/08 of pain in the right lower extremity, but again, the physical exam results do not show any signs of radiculopathy. Therefore, it sounds as though potentially the patient's pain has significantly improved and a repeat epidural steroid injection would not be indicated at this time. It is noted that per the Official Disability Guidelines during the diagnostic phase a second epidural steroid injection is not indicated if the block is accurately placed. There is nothing discussing that the block was not accurately placed. Therefore, one epidural steroid injection should be okay, especially given that he is currently receiving 70% pain relief.

Per the Official Disability Guidelines, a trigger point injection is not indicated unless there is documentation of "circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain." None of this is documented, and therefore, trigger point injections would not be indicated at this time.

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)