

True Resolutions Inc.

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: 09/30/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Transforaminal injection L4-S1 under anesthesia with fluoro guidance

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 7/24/08 and 8/15/08
Record 7/16/08
Record from Dr. 7/3/08
MRI 4/17/08
X-Ray 4/17/08
Records from Dr. 7/30/08 and 8/29/08
Record from Diagnostics 6/10/08
Record from Dr. 5/6/08
Record from Dr. 4/10/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a female patient injured on the job. The patient is complaining of right-sided low back pain. The patient does state that there is pain that comes from the back and goes into the right leg. The patient also mentions some numbness in the right lower extremity. The patient did have an MRI of the lumbar spine on 04/17/08 that revealed a right paramedian 5 mm disc herniation at L5-S1 showing recent onset or aggravation-type characteristics with compression on the right S1 nerve root. In addition, a concentric annular disc bulge was noted at L4-5. Desiccation of the nucleus at L4-5 and L5-S1 was also mentioned. Radiographs taken the same day revealed no evidence of instability and disc space narrowing at L5-S1 and L4-5.

After the MRI, the patient was evaluated by a neurosurgeon who recommended epidural steroid injections. Another physician recommended an EMG/nerve conduction study. An EMG was performed on 06/10/08 and revealed bilateral L5, S1 acute radiculopathy with active denervation, right more than left. The patient has had a designated doctor examination and has been found to not be at MMI.

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

Per the Official Disability Guidelines, the patient must be documented to have radiculopathy, have been found to be initially unresponsive to conservative treatment, and have corroborating imaging studies and electrodiagnostic testing. The patient does have an MRI that indicates a herniated disc and an EMG of the lower extremities that indicates acute radiculopathy. The patient has also completed 12 physical therapy visits and taken muscle relaxants and Ultram without success. The requestor has asked for a transforaminal injection completed under fluoroscopy which meets the criteria per the Official Disability Guidelines.

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)