

SENT VIA EMAIL OR FAX ON  
Aug/12/2009

## IRO Express Inc.

An Independent Review Organization

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Aug/10/2009

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Right ESI L5/S1 Transforaminal Fuoroscopy & MAC Anesthesia

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

Board Certified in Physical Medicine and Rehabilitation

Subspecialty Board Certified in Pain Management

Subspecialty Board Certified in Electrodiagnostic Medicine

Residency Training PMR and ORTHOPAEDIC SURGERY

**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 6/17/09, 6/26/09, 7/16/09

Anesthesia and Pain Management 7/9/09 and 6/19/09

MRI 3/6/09

EMG 5/12/09

**PATIENT CLINICAL HISTORY SUMMARY**

This is a xx-year-old man injured on xx/xx/xx. He had back pain to the right with reported right lower extremity weakness. The physical examination provided described right EHL weakness, and a positive right SLR (without the level) with normal reflexes and sensation. The EMG on 5/12/04 was interpreted as showed a right-sided L5 radiculopathy based upon

multiple polyphasic potentials in the left and right lower extremities, but no paraspinal involvement and no spontaneous activity present. The MRI showed multiple level disc bulges with mild spondylosis and facet changes at L5/S1, but no L5 root involvement. There is a request for a single right-sided L5/S1 transforaminal ESI. The Reviewer has no information of what treatments were provided before 6/19/09.

#### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

The AMA Guides define a radiculopathy. The findings include reflex abnormalities. The peroneal reflex is the only L5 one, but is rarely elicited. This section does not apply. There is no atrophy, but there is weakness described in the EHL. No specific dermatomal sensory loss was described by Dr.. He labeled the L5 nerve root as being involved, but did not describe specifically where the sensory complaints are. The electrodiagnostic studies did not show the spontaneous potentials of a radiculopathy. The polyphasics develop over time with reinnervation. The MRI showed disc bulges, but no frank herniation and no nerve root compromise. The diagnostic ESI is permissible to differentiate inconsistencies between the physical findings, complaints and the radiological studies. There is the reported EHL weakness and a suggestion of a problem on the MRI that could explain the symptoms. This would meet the Diagnostic ESI criteria.

Epidural steroid injections (ESIs), therapeutic

**Recommended as a possible option for short-term treatment of radicular pain...**

**... Radiculopathy symptoms are generally due to herniated nucleus pulposus or spinal stenosis, although ESIs have not been found to be as beneficial a treatment for the latter condition.**

#### **Criteria for the use of Epidural steroid injections:**

**(1) Radiculopathy must be documented. Objective findings on examination need to be present. For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383. ([Andersson, 2000](#))**

#### **“Radiculopathy**

**Radiculopathy for the purposes of the Guides is defined as significant alteration in the function of a nerve root or nerve roots and is usually caused by pressure on one or several nerve roots. The diagnosis requires a dermatomal distribution of pain, numbness, and/or paresthesias in a dermatomal distribution. The diagnosis of herniated disc must be substantiated by an appropriate finding on the imaging study. The presence of findings on a imaging study in and of itself does not make the diagnosis of radiculopathy. There must also be evidence as described above. “**

#### **“Atrophy**

**Atrophy is measured with a tape measure at identical levels on both limbs. For reasons of reproducibility, the difference in circumference should be 2cm or greater in the thigh and 1cm or greater in the arm, forearm, or leg...”**

Epidural steroid injections, diagnostic

**1) To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below:**

**2) To help to evaluate a pain generator when physical signs and symptoms differ from that found on imaging studies;**

**3) To help to determine pain generators when there is evidence of multi-level nerve root compression;**

**4) To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive;**

**5) To help to identify the origin of pain in patients who have had previous**

**spinal surgery.**

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

**ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**

**OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**