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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Aug/24/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Translaminar Lumbar ESI at left L4-5

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[ ] Upheld (Agree)

[X] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
ODG Guidelines and Treatment Guidelines
Peer review, Dr. , 06/30/09
Peer review, Dr. 07/14/09
Injury Report, 05/01/09
X-ray dorsal spine, 05/01/09
X-ray lumbar spine, 05/01/09
Questionnaire, 05/01/09
ER report, Dr. , 05/01/09
Office notes, 05/07/09, 05/11/09
X-ray lumbar spine, 05/07/09
Office notes, Dr. , 05/22/09, 05/29/09, 06/05/09, 07/07/09, 07/21/09
Associate Statement, 05/01/09
Work Release, 05/01/09
Request for Medical Care, 05/07/09
Physical Therapy, 05/11/09, 05/13/09, 05/15/09, 05/22/09, 05/29/09
Office Visit, 05/15/09, 06/19/09
Visit Summary, 06/05/09, 06/12/09, 06/19/09, 07/07/09, 07/21/09, 08/04/09, 05/29/09, 05/22/09, 05/15/09, 05/11/09, 05/07/09
Work Status, 06/24/09
Request for Certification, 06/29/09

Fax Request, 07/08/09
Independent Review Request
Referral Form, 06/26/09
Questionnaire, 05/07/09
Urinalysis, 05/07/09
Order Summary
Medication Records

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a cc year old female injured on xx/xx/xx when she was stocking meat and felt a pop in her back. She was seen in the emergency department the day of injury for mid-low back pain. There was no neurological deficit. The 05/01/09 x-rays of the dorsal spine showed mild spondylosis and endplate sclerosis; 05/01/09 x-rays of the lumbar spine documented S1 was partially sacralized; there was anterior spondylosis most prominent at T12-L1 and a small disc toward L5 and S1. 05/07/09 x-rays of the lumbar spine showed a transitional segment with partial sacralization; mild scoliosis to the right and the vertebral bodies and disc spaces were maintained.

The claimant was treated after injury for her low back pain with therapy, medications and work restrictions. The examinations noted tenderness and spasm but did not document neurological deficits. On 05/29/09, Dr noted the pain had begun to radiate to the left leg. She had an absent left Achilles but no weakness. There was decreased sensation in the dorsum of the left foot. Conservative treatment continued and an MRI was requested.

On 06/12/09, Dr saw the claimant in follow up after the MRI. The study reportedly showed T12-L1, L1-2, L2-3 mild disc bulges and L3-4 and L4-5 disc bulges and annular tears. A diagnostic epidural steroid injection and Lyrica were recommended.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
Epidural steroid injection at L4-5 is indicated and appropriate in this xx-year-old female who was injured on 05/01/09. With the acuity of this injury the complaint started on xx/xx/xx of radicular components of the left lower extremity with absent Achilles reflex and decreased sensibility on the affected extremity. In spite of an MRI which per the report does not have a significant neural compressive lesion, but rather a disc bulge at L3-4 and L4-5 with a question of an annular tear, epidural steroid is a reasonable modality in conservative management in the acute setting of the symptomatology. There is notation of activity modification, skeletal muscle relaxant, Flexeril, Lidoderm, Naprosyn, physical therapy, and a Medrol-Dosepak being provided prior to this request. This opinion is consistent with ODG guidelines and is a reasonable treatment based upon the records reviewed. The reviewer finds that medical necessity exists for Translaminar Lumbar ESI at left L4-5.

Official Disability Guidelines 2009 Low Back

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)