

SENT VIA EMAIL OR FAX ON
Aug/12/2009

Applied Assessments LLC

An Independent Review Organization

1124 N Fielder Rd, #179

Arlington, TX 76012

Phone: (512) 772-1863

Fax: (512) 857-1245

Email: manager@applied-assessments.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/05/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

3rd Lumbar ESI under fluoro with IV sedation

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 7/20/09 and 6/11/09

Dr. 1/26/09 thru 6/22/09

OP Report 4/1/09 and 2/25/09

MRI 9/4/09

PATIENT CLINICAL HISTORY SUMMARY

This lady reportedly was injured on xx/xx/xx. She had back pain that Dr. felt was related to the disc herniation. The MRI on 9/4/08 showed a large central disc herniation at L4 reportedly minimally on the bilateral L5 roots. Dr. saw her on 1/26/09. He described numbness and weakness with limited lumbar motion and an antalgic gait with a positive left SLR at 60 degrees. He performed an ESI at L4/5 on 2/25 that gave 70% relief. He wrote on 3/16/09 that "We are going to go ahead and recommend a second through third lumbar ESI." She had the

second on 4/1 at L4/5. Dr. wished to perform the third one at L5/S1 since the improvement after the second injection was limited.

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

First, the ODG requires that the dermatome be identified. This was not described by Dr. until April 20 when he said she had bilateral L5 radiculopathy. The dermatomal description was not provided. The ODG also requires that the AMA guides 5th edition description of a radiculopathy be included. There was no description of a neurological loss (atrophy, abnormal reflexes or sensory loss) or dermatomal pattern as per the Guides.

“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 or reproducibility, the difference in circumference should be 2cm or greater in the thigh and 1cm or greater in the arm, forearm, or leg...”

The ODG also requires a 50-70 % improvement over 6-8 weeks. The second injection was only 5 weeks after the first. So he did not meet this requirement.

Further, his plans were for a series of three as he wrote, “We are going to go ahead and recommend a second through third lumbar ESI.”

“(7) *Therapeutic phase*: If after the initial block/blocks are given (see “Diagnostic Phase” above) and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be required. This is generally referred to as the “therapeutic phase.” Indications for repeat blocks include acute exacerbation of pain, or new onset of symptoms. The general consensus recommendation is for no more than 4 blocks per region per year. ([CMS, 2004](#)) ([Boswell, 2007](#))

(8) Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response.

(9) Current research does not support a routine use of a “series-of-three” injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections for the initial phase and rarely more than 2 for therapeutic treatment.”

“Epidural steroid injections, “series of three”

Not recommended. Original recommendations that suggested a “series of three injections” generally did so prior to the advent of fluoroscopic guidance....”

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)**