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Notice of Independent Review Decision

DATE OF REVIEW: 8/24/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a lumbar epidural steroid injection (62311 & 77003).

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. This reviewer has been practicing for greater than 10 years in this specialty and performs this type of procedure in his office.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of a lumbar epidural steroid injection (62311 & 77003).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
and

These records consist of the following (duplicate records are only listed from one source): Records reviewed from : Journal of Bone & Joint Surgery Vol 89-A Supplement 3, 2007, 2006; 88:1722-1725; Spine J. 2004 Sep-Oct; 4(5): 495-505; Semin Roentgenol. 2004 Jan; 39(1):7-23; ODG – Epidural steroid injections chapter; The Spine Box 15-1; – 2/6/07; Renaissance Hospital Operative Report – 6/7/06, 6/14/06, & 10/20/06; Dr. script for cervical & lumbar x-ray – 1/29/09, 4/27/09, & 8/4/09; notes – 4/18/06 - 4/27/09; Dr. MR Arthrogram report –

9/17/07; Dr. cervical myelogram report – 6/14/07 & Cervical MRI report – 3/29/05; Dr. EMG/NCS report – 1/19/05; Imaging- 12/7/04 left shoulder and lumbar MRI reports, report- 10/6/04 and 9/5/02, Imaging- 03/24/03 left shoulder MRI report and left shoulder xray report, - cervical xray report- 10/17/02; cervical MRI report 8/9/02, report 8/22/02, report 10/16/02, 5/18/02 right wrist, chest and cervical spine xray reports, - IME report 6/17/09, - 2/21/07, 3/28/07, 3/30/07, 5/3/07, 5/9/07, 7/6/07, 10/4/07, 1/14/08, 4/30/08, 8/29/08, 1/29/09 and 4/27/09 report and LMN reports of 12/7/07, 10/27/08 and 5/26/09; 9/30/08 approval letter, 4/28/07, 5/16/07, 10/12/07 and 12/10/07 letters by, MRloA report of 11/30/07, MD- report of 11/19/07, 9/6/07 report by SIRO, DWC 69 of 9/6/07 with narrative report, DO- 7/17/07 letter of clarification, amended 69 of 7/17/07, 7/5/07 letter of clarification request and, DO letter 6/13/07.

: 7/9/09 denial letter, 7/22/09 denial letter, 7/6/09 procedure order form and 4/19/06 operative report.

We did not receive a copy of the ODG Guidelines from Carrier/URA.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx year old female who was injured in a motor vehicle accident when she was rear-ended. She has undergone extensive treatment including cervical and lumbar MRIs, shoulder arthroscopy, cervical facet injections, EMG with normal results, and Tens unit use. Her pain has been evaluated by Dr. for RME11/19/07.

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

According to the ODG: Indications for repeating ESIs in patients with chronic pain at a level previously injected (> 24 months) include a symptom-free interval or indication of a new clinical presentation at the level. This patient has only received partial <70% relief and a new clinical presentation after a symptom free interval has not been documented and would query a new injury. There is fair evidence that epidural steroid injection is moderately effective for short-term (but not long-term) symptom relief. ([Chou3, 2009](#)). Short term relief treatment modalities are not indicated in this patient whose injury is now 4 years 11 months ago.

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)