SENT VIA EMAIL OR FAX ON
Dec/21/2009

IRO Express Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Dec/18/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
outpatient bilateral transforaminal epidural steroid injection (ESI) at L4/5, L5/S1

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:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Denial Letters 10/9/09 and 10/27/09
Pain Care 8/5/09 thru 11/23/09
Ortho Specialist 11/8/08 thru 10/24/08
Medical and Family Care 6/22/09 thru 11/23/09
6/25/09
PT Eval 7/3/09
104 pages from 9/2008 thru 12/2009

PATIENT CLINICAL HISTORY SUMMARY
This is a woman injured on xx/xx/xx. She developed back pain going to the left lower

extremity along the buttock, lateral calf to the feet. An MRI showed a left disc protrusion and annular tear at L4/5. An EMG (7/8/09) was performed and interpreted as showing a possible left L5 radiuclopathy based upon polyphasic potential in the left semimembranosis and Tibialis anterior. There was no spontaneous activity. She had several physical examinations by different doctors that showed no neurological loss. Dr. originally found no neurological loss, but subsequently felt she had a slight right lower extremity weakness and reduced sensation in both feet. He found n a positive SLR on the left, but equivocal on the right. He described decreased sensation in her feet. She has diabetes. She had a bilateral L5 transforaminal ESI in 12/08. The doctor (not signed) at Orthopedic Specialists said the benefits lasted only a few days. There is a request now for bilateral transforaminal ESIs at L4/5 and L5/S1.

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

The ODG accepts the use of ESIs for treatment of a radiuclopathy. It relies on the AMA Guides in establishing the criteria of a radiculopathy. It requires the pain to be described in a specific dermatome. That was not quite clear. The sensory complaints in both feet can be seen with a diabetic neuropathy. Small fiber neuropathies do not show on nerve conduction studies. The diagnosis of a possible radiculopathy was based upon polyphasic potentials. This did not meet the ODG criteria. Further, Dr. was apparently not present during the performance of the EMG. There was the abnormal MRI, but this alone does not meet the ODG criteria.

She had a block last year that was unsuccessful. It appears to have been appropriately placed. The ODG permits only 2 nerve root levels to be injected at a time. The request is for two bilateral levels which is the equivalent of injecting 4 sites.

The request for the ESIs cannot be justified for the above cited reasons.

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)