

Notice of Independent Review Decision

Amendment Date: 12/14/2009

Original Date: 12/3/2009

DATE OF REVIEW: 12/3/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Transforaminal FESI @ L5

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from University of Texas Medical Branch and completed training in Orthopaedics at Tulane- Oschner Neurological Surgery Residency. This reviewer specializes in spine surgery and neurological surgery. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Orthopaedics since 9/8/1978 and currently resides in TX.

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)

Transforaminal F ESI (L 4/5 and L5/S1)
CPT: 64483, 64484, 77003, 72275, 99144 Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Facsimile cover sheet dated 11/13/2009
2. Non life-threatening dated 11/13/2009
3. Company request for IRO by author illegible dated 11/11/2009
4. Information for Black Ink by author unknown dated 10/13/2009
5. Appeal level by DO dated 10/12/2009
6. Notification of determination by DO dated 10/5/2009
7. Review summary note by DO dated unknown
8. The ODG Guidelines were not provided

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee (IE) is a male whose date of injury is xx/xx/xx. The mechanism of injury is not described, but the IE is noted to complain of low back pain radiating to the bilateral lower extremities with numbness to bilateral feet. Treatment to date is reported to include medications, physical therapy, and injections.

Name: Patient_Name

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

The injured employee (IE) is a male whose date of injury is xx/xx/xx. The mechanism of injury is not described, but the IE is noted to complain of low back pain radiating to the bilateral lower extremities with numbness to bilateral feet. Treatment to date is reported to include medications, physical therapy, and injections.

An urgent request for transforaminal epidural steroid injection (ESI) at L5 was reviewed by Dr. on 10/02/09. Dr. determined that the requested procedure was not medically necessary, noting that the clinical records did not provide objective evidence of radiculopathy secondary to a fixed lesion causing the radiculopathy. Dr. noted that the IE had undergone ESI on 06/05/09 with 70% relief for 5 weeks only, with no documentation of decreased medication usage aside from the inadequate pain response in terms of duration. Dr. further noted that the chronicity of the IE's low back pain will be a negative factor in terms of success rate of this treatment. Dr. noted that there was no documentation submitted with regard to the failure of the IE to respond to conservative care to include sufficient course of physical therapy (PT) and medications.

An appeal request for transforaminal ESI at L5 was reviewed by Dr. on 10/12/09. Dr. concluded that medical necessity was not determined. He noted that the IE had epidural steroid injections on 10/25/05, 11/29/05, 05/01/08 and 06/05/08, and the records submitted did not provide objective documentation of the IE's clinical and functional response to said injections which includes pain relief, increased performance in activities of daily living, and reduction of pain medication use. Furthermore, Dr. noted that the IE's injury occurred over xx years ago, and the chronicity of the IE's low back pain is considered a negative factor for the success rate of the contemplated injection. Lastly, Dr. noted that there is no objective documentation that validates that the IE has failed conservative measures such as physical therapy and has optimized pharmacologic treatment prior to the contemplated injection.

Medical necessity is not established for transforaminal ESI at L4/5 and L5/S1. The IE is reported to have sustained an injury to the low back on xx/xx/xx, with no mechanism of injury identified. The records reflect that he has undergone multiple MRI scans as well as electrodiagnostic testing, but no diagnostic/imaging study reports were submitted for review. The IE is noted to have subjective complaints of low back pain radiating to the lower extremities, but there is no detailed physical examination report that documents radiculopathy. There is an indication that he has undergone previous ESIs, but there is no objective/quantified assessment of the efficacy of these injections in terms of pain reduction, decreased medications, or improved functionality. It also is noted that the IE's injury occurred over 4 years ago, and chronic duration of symptoms has been found to decrease success rates with a threefold decrease found in the IE with symptom duration greater than 24 months. The recommendation is to uphold the previous denials per ODG guidelines.

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)