

## **IRO REVIEWER REPORT**

DATE OF REVIEW: 02/06/09

IRO CASE #:

### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar ESI L3-4 with fluoroscopy

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

The TMF physician reviewer is a board certified neurosurgeon with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

### 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

It is determined that the Lumbar ESI L3-4 with fluoroscopy is not medically necessary to treat this patient's condition.

### INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Notice of Assignment of IRO – 01/28/09
- Letter from Dr. to Dr. – 09/29/08,10/13/08,12/15/08, 12/29/08
- Operative report by Dr. – 12/10/08
- Report of CT lumbar myelogram – 12/10/08
- Report of myelogram – 12/10/08

- Information for requesting review by an IRO – 01/28/09
- Decision letter from Risk – 12/22/08, 01/08/09
- Physical Therapy Progress Notes – 08/20/08
- Report of xrays of the lumbar spine – 08/13/08
- Request for preauthorization by Dr. – 12/17/08
- Notes by – 11/20/08,12/22/08, 01/14/09
- Results of PEER review by – 10/08/08, 12/22/08
- Preauthorization Decision and Rationale – 12/22/08, 01/08/09, 01/14/09
- Letter of IRO decision regarding lumbar ESI – 11/19/08

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient sustained a work related injury when she and another worker were assisting a client and the patient experienced a sudden onset of low back pain and bilateral hip and leg pain. A CT lumbar myelogram revealed scoliosis and multilevel degenerative disk disease and lumbar spondylosis, with mild multilevel neural narrowing and no central canal stenosis. She has been treated with medications and physical therapy. The treating physician has recommended that the patient undergo epidural steroid injections.

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

The clinical indications for an L3-L4 epidural steroid injection in the clinical setting are not seen in the medical records provided for review. Specifically, the myelogram/CT performed on 12/10/08 indicates “scoliosis and multilevel degenerative disc disease and spondylosis with mild multilevel neural foraminal narrowing”. There is no neuro-compressive abnormality to treat with either epidural steroid injections or selective root block.

**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)