

CORE 400 LLC
240 Commercial Street, Suite D
Nevada City, California 95959

DATE OF REVIEW: FEBRUARY 18, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar ESI @ L5-S1

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

M.D., Board Certified in pain management and anesthesiology under the American Board of Anesthesiologists.

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.

The reviewer finds that medical necessity exists for Lumbar ESI @ L5-S1.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 12/29/08, 1/15/09
ODG Guidelines and Treatment Guidelines
Progress Notes, 12/18/08, 9/30/08, 8/22/08
Dr., MD, 12/3/08
MRI of Lumbar Spine, 3/31/08
PT Notes, 3/27/08-6/26/08
MRI of Shoulder, 6/6/08
Dr. MD, 12/18/08, 9/3/08, 8/22/08
CT Left Ankle, 1/29/08
CT Head, 1/29/08
MD, 1/29/08, 2/18/08, 3/14/08

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient complains of low back pain that radiates into the bilateral lower extremities. The patient also received an EMG on 12/03/08 which was significant for radiculopathy. Specifically, it states that it “looks like a lower lumbar radiculopathy in general, probably the L5 root on the right and also the left.” The patient has received physical therapy in the past and is currently on medications for his pain. Despite this, the patient continues to have pain. The patient also has had a MRI of the lumbar spine that shows multilevel degeneration.

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

Per the Official Disability Guidelines, a patient is a candidate for an ESI if they have failed medication management and physical therapy. This is true for this patient. In addition, the patient has radiculopathy that is documented on an EMG/NCV. There are also reports of the patient having a positive straight leg raise on the left. The patient has a history of radiculopathy. For all of these reasons, the patient meets the guidelines for an ESI. The reviewer finds that medical necessity exists for Lumbar ESI @ L5-S1.

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)**