

Parker Healthcare Management Organization, Inc.

4030 N. Beltline Rd Irving, TX 75038
972.906.0603 972.255.9712 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: JUNE 8, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed caudal epidural steroid injection (62311)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
722.83	62311		Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-16 pages

Respondent records- a total of 61 pages of records received to include but not limited to: letter 5.19.09; TDI letter 5.18.09; request for an IRO forms; letter 5.1.09, 5.11.09; Comppartners letter 4.30.09; Professional Reviews 5.11.09; records, Dr. 8.8.06-5.5.09; MRI L-Spine 8.2.07,

1.18.06; x-rays 6.21.01-12.6.06; report, Dr. 1.30.09-----5.20.09 Called lft message regarding only receiving 61 out of 67 pages

Requestor records- a total of 55 pages of records received to include but not limited to: records, Dr. 10.1.06-4.27.09; records, Dr. 3.7.06-7.17.06; MRI L-Spine 8.2.07, 1.18.06; x-rays 6.21.01-6.13.07

PATIENT CLINICAL HISTORY [SUMMARY]:

The medical records begin with a June 2001 radiology report indicating that there were osteophytic spurring of the lumbar spine and sacroiliac joints. Cervical spine radiographs noted a congenital fusion of C2-3 and other degenerative changes. Follow-up radiographs completed in 2006 also note the pronounced degenerative changes in the lumbar spine.

Lumbar spine MRI dated January 2006 noted a 3 mm L4 on L5 spondylolithesis without pars defect. Degenerative facet and disc disease was reported and circumferential disc narrowing.

On March 22, 2006 a lumbar epidural steroid injections was completed and repeated on May 24, 2006. A third injection was completed on July 17, 2006. There are no progress notes indicating the efficacy of these injections.

In October 2006, a L3-4 and L4-5 laminectomy and fusion were completed with bone grafting. The injured employee did well in the first few months after surgery. Follow-up radiographs noted no motion at the fusion site. In June 2007, chronic and unremitting pain continued to be a problem. Repeat MRI ruled out infection or arachnoiditis as the cause.

A November 2007 electrodiagnostic assessment noted a chronic radiculopathy and this was treated with analgesics. A hardware injection was performed.

By August 2008, a neuropathic pain syndrome was diagnosed. This was addressed with medications.

A January 2009 peer review evaluation noted a two level fusion with 5/8 positive Waddell's signs and a chronic pain scenario.

Follow-up with Dr. reported the burning pain and the lack of relief from the hardware injections. A dorsal column stimulator was suggested. An April 29, 2009 request for repeat epidural steroid injections was not certified.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

As noted in the Division mandated Official Disability Guidelines, epidural steroid injections are "Recommended as a possible option for short-term treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) with use in conjunction with active rehab efforts. See specific criteria for use below. Radiculopathy symptoms are generally due to herniated nucleus pulposus or spinal stenosis, although ESIs have not been found to be as beneficial a treatment for the latter condition."

Thus, based on the records, noting that the efficacy of the prior epidural steroid injections was not objectified and there is no competent, objective and independently confirmable medical evidence

of a verifiable radiculopathy only post-operative pain complaints in a injured employee with 5/8 positive Waddell's signs; there is no clear clinical reason presented to support this request.

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
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX 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)