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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jun/19/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Office Consultation, 99244

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD, Board Certified in Physical Medicine and Rehabilitation

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

PATIENT CLINICAL HISTORY SUMMARY
This man fell from a ladder and injured his right shoulder and low back on xx/xx/xx. He had a rotator cuff repair on 2/27/08. He had an MRI of the lumbar spine on 11/12/07 that showed L4/5 disc degeneration and desiccation with a posterior annular tear. There was no report of any nerve root compromise. Dr. cited a normal EMG and wanted to repeat the EMG before a transforaminal epidural nerve root injection. Dr. resigned from the case without reasons provided. Dr. reported there was a herniated nucleus pulposus at this level based on the 2007 MRI. Dr. 's examination notes of 1/23/09 described back pain with tingling and weakness "radiating into the lower extremities all the way into the bottom of the feet." The examination did not determine any motor atrophy, weakness or neurological loss. There was an ataxic gait. Straight leg raising was to 50 degrees bilaterally. Further "He shakes when he rises from a chair." Tandem gait was described as ataxic. Vibration, proprioception and

sensation was normal. Range of motion was normal. Dr. advised the patient see Dr. for an epidural injection.

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

The referral to Dr. for an epidural injection per Dr. 's note is not medically necessary. The SLR was described as at 50 degrees, but did not relate if there was pain in the back or down the legs and in what dermatome. The MRI from 2007 did not show a disc herniation. Dr. felt it did. The only neurological abnormality noted in the records was the ataxic gait. The ODG specifically requires there to be a radiculopathy for ESI. This would include the description of specific dermatomal patterns. This was not documented in any of the notes. There needs to be evidence on the physical examination of a radiculopathy. There are no findings in the records of muscle atrophy, abnormal motor reflexes and sensory patterns, abnormal electrodiagnostic studies and abnormalities in the MRI consistent with the physical findings. Since the person does not meet the criteria of a radiculopathy, there is no justification for the visit/referral to Dr. for the epidural injection. The reviewer finds that medical necessity does not exist for Office Consultation, 99244.

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)