



Medwork Independent Review

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DATE OF REVIEW: 06/02/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar ESI x1 w fluoroscopy & IV sedation Right L5

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

Texas State Licensed MD Board Certified Anesthesiology & Pain Management physician

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Texas Dept of Insurance Assignment to 05/13/2009
2. Notice of assignment to URA 05/13/2009
3. Confirmation of Receipt of a Request for a Review by an IRO 05/13/2009
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 05/11/2009
6. Reconsideration determination letter 05/01/2009
7. Notification of determination letter 03/17/2009
8. Patient information face sheet 03/12/2009
9. Progress note 02/23/2009, 02/20/2009, 02/09/2009
10. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:

Patient is status post injury. Patient still with low back pain radiating into the legs bilaterally with pain 5 on a scale of 0-10 that is constant, sharp, and stabbing in nature. On physical exam there is tenderness at L2 through S1 with a positive straight leg at 45 degrees bilaterally. Patient apparently fell and landed on her back. Medications are hydrocodone, tramadol, Effexor, and Flexeril. Patient has an MRI that shows disk bulges, 2 mm, at L3-L4 and L5-S1. Patient has had physical therapy with an epidural steroid injection on October 6, 2008, with no documented percentage pain relief. Record states that the patient did well, but it does not say what type of pain relief the patient got.

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



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The question is if a lumbar epidural steroid injection times 1 with fluoroscopy and IV sedation, right L5, medically necessary. This would be considered a repeat epidural steroid injection, as it is within a year from the last one. The assessment is noncertification, referring to the Official Disability Guidelines' chapter on low back pain under epidural steroid injections. Criteria for repeat states that there should be 50% to 70% pain relief with the epidural steroid injection that lasts for 6-8 weeks. There is no documentation of how much percentage pain relief the patient got and for how long, this is denied.

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 KNOWLEDGBASE
- 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)