SENT VIA EMAIL OR FAX ON
Jun/17/2009

True Decisions Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (214) 717-4260
Fax: (214) 594-8608
Email: rm@truedecisions.com

DATE OF REVIEW:
Jun/14/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
3 Lumbar Steroid Injections

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified Neurologist with 30 years experience in clinical practice

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
OD Guidelines
Denial Letters 5/26/09 and 4/10/09
Neurology 2/20/07 thru 4/21/09
MRI's 12/19/06 and 6/28/06

PATIENT CLINICAL HISTORY SUMMARY
On xx-xx-xx, Mr. suffered head, neck and back injuries when a tire exploded in his face. Details of the injury are not available. Medical records are available to review from July 5, 2005; but the first H&P available is July 8, 2008. The past history obtained at that time showed 1 neck and 3 back surgeries as well as a pain pump implantation as well as a closed head injury with memory loss. He also has depression and anxiety attacks. Neurological exam shows right sided weakness 4/5, mild spasticity of lower extremities, a broad based gait with use of a cane or walker, decreased vibration sense in hands and feet and somewhat hyperactive reflexes. A brain MRI on June 28, 2006 was normal; a lumbar MRI on December 19, 2006 revealed diffuse degenerative changes and facet arthrosis and moderate canal stenosis at L4-5. Epidural steroid injections were performed in 2007 on February 20 (L4-5), March 27 (L3-4), April 3 (L3-4), May 11 (L3-4), May 25 (L3-4) and July 13 (L3-4), October 9 (L3-4), and December 18 (L4-5). A single ESI was done on April 14,2008.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
This patient has chronic low back pain. It is unclear whether or not he has neck pain. Multiple H&P's from July, 2008 through February 2009 are almost word for word. Does this mean his condition was stable or are these computer generated notes not to be taken as credible? In reviewing the notes it is not well documented how successful the ESI injections were in

relieving pain. On some occasions radicular pain is said to be relieved; on others no comment is made; on one occasion there was 100% pain relief. How was it determined that the ESI should be at L3-4 or L4-5? In any case there is insufficient evidence to support the use of ESI injections in sub-acute or chronic back pain.* The ODG does not recommend this procedure in this clinical setting

*Injection therapy for subacute and chronic low back pain: an updated Cochrane review. Staal JB, de Bie RA, de Vet HC, Hildebrandt J, Nelemans P. Spine. 2009 Jan 1;34(1):49-59. Review.

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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)