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An Independent Review Organization
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DATE OF REVIEW:

Jun/08/2009

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Lumbar epidural steroid injection, 62311

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

M.D., board certified in Orthopedic Surgery

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG Guidelines and Treatment Guidelines

Determination Letters, 5/8/09, 5/11/09, 5/19/09

Peer Review Reports, 5/6/09, 5/8/09, 5/15/09

MD, 4/24/09

X-Ray Lumbar, 4/24/09

Therapy & Diagnostics, 4/24/09

The Journal of Bone & Joint Surgery, Vol. 89-A, Supplement 3, 2007

GR, The effect of spinal steroid injections for degenerative disc disease

JD Epidural steroid injections

Nerve Root Blocks in the Treatment of Lumbar Radicular Pain

PATIENT CLINICAL HISTORY SUMMARY

This is a male injured worker who had both neck and back injuries following an accident at work. Date of injury was xx-xx-xx. Apparently a pressure valve blew, and he fell back twenty feet, landing on his back. He had loss of consciousness. MRI scan showed disc bulges at L4/L5 and L5/S1 and a bulge at L3/L4. He had an EMG/NCV study documenting radiculopathy. He had a physical examination, which showed positive nerve root tension signs, i.e. straight leg raising signs, and a depressed reflex. The EMG/nerve conduction study documented the level of irritation as to the L5/S1. Current request is for an epidural steroid injection.

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

This patient satisfies the ODG Guidelines for ESI. There is documented radiculopathy and the patient has failed conservative care. The records indicate that the provider in this case would be treating the level that was found to be the radiculopathy level. Given that nerve root

irritation has been found not only on physical examination but documented by EMG/nerve conduction study and MRI scan, it is this reviewer's opinion that this request does, in fact, conform to ODG Guidelines. The previous adverse determination should be overturned. The reviewer finds that medical necessity exists for Lumbar epidural steroid injection, 62311.

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

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)