# US Resolutions Inc.

**An Independent Review Organization**
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**DATE OF REVIEW:**
Jun/12/2009
**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**
ASC Lumbar R-L4-L5 TESI 62311 77003 w/MAC

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**
M.D., Board Certified in pain management and anesthesiology under the American Board of Anesthesiologists.

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[ ] Upheld (Agree)

[ X ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**
ODG Guidelines and Treatment Guidelines
Determination Letters, 4/26/09, 5/18/09
Center for Pain Recovery, 4/14/09
Letter of Medical Necessity, 5/5/09
MD, 4/14/09, 3/16/09, 8/14/08, 8/1/08, 7/9/08
Operative Report, 5/16/08

**PATIENT CLINICAL HISTORY SUMMARY**
This is a male claimant with an injury date of xx-xx-xx. He underwent bilateral discectomy L5/S1 in May 2008. In March 2009, records indicate he had back pain and right and sometimes left leg pain. The pain was mild to severe and constant, shooting and burning. He had numbness in the right thigh and sometimes in the lower leg. An April 2009 exam showed “severe low back and right-sided leg pain, which is typically radicular.” The exam shows that the patient has a strongly positive straight leg raise on the right. Records indicate the patient has failed conservative treatment.

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

The ODG recommend ESI for treatment of radicular pain when used in conjunction with active rehab efforts, including home exercise. The patient’s provider has noted in May 2009 that while his patient “does not have the classic physical findings of a radiculopathy,” he does have significant pain that is of a radicular nature. He writes that the “epidural injection will also be of a diagnostic nature to back up the diagnosis of a radiculopathy,” and that “the epidural injection requested is not only for therapy but also is a diagnostic tool to isolate the pain generator.” The request meets the guidelines. The reviewer finds that medical necessity

exists for ASC Lumbar R-L4-L5 TESI 62311 77003 w/MAC.

**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)**