

SENT VIA EMAIL OR FAX ON
Mar/24/2009

Independent Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Mar/24/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Lumbar Epidural Pain Block and SI Injection

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

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

OD Guidelines
Lumbar MRI, 12/04/08
Office notes, Dr. 12/30/08, 01/05/09
Peer review, Dr. 01/09/09
Letter, Dr. 01/30/09
Peer review, Dr. 02/16/09

PATIENT CLINICAL HISTORY SUMMARY

This is a male that injured his back on xx/xx/xx when an excavation arm of a backhoe machine hit him.

An MRI of 12/04/08 showed a disc bulge at L3-4, L4-5, and at L5-S1. There was no central stenosis, no lateral recess stenosis, no neuroforaminal stenosis, and the facets were normal.

Dr. examined the claimant on 01/05/09 for complaints of sleep disturbance, weakness, back

pain, restriction of motion, joint pain, and numbness. The diagnosis was L4-5 and L5-S1 annular tear and lumbar sacral radiculopathy. The doctor noted the claimant had tried oral medications, therapy, and intra muscular injections to control pain. Epidural steroid injection and sacral joint injections to decrease pain and increase range of motion were recommended.

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

The requested epidural injection and SI joint injection cannot be justified based on the information provided. The MRI of 12/04/08 does not show no foraminal compression and the claimant does not have objective signs of radiculopathy with diminished strength or abnormal reflexes. The claimant's subjective sensory loss in multiple dermatomes is inconsistent with the lumbar MRI that shows no neural compressive pathology. The practitioner's note diagnosing "three herniated disc" is inconsistent with the lumbar MRI that simply shows degenerative bulges in the lumbar spine. The claimant has not fulfilled typical evidence based guidelines, which require no compressive pathology and evidence of objective radiculopathy or pain generated by the SI joint.

Official Disability Guidelines Treatment in Worker's Comp 2008 Updates, low back epidural injections, sacral iliac injections

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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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