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IRO Certificate #

Notice of Independent Review Decision

DATE OF REVIEW: 3/19/09

IRO CASE #:

Description of the Service or Services In Dispute
Lumbar epidural steroid injection #3 L5-S1

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

Board Certified in Neurological Surgery

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)

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

Adverse determination letters 2/19/09, 2/6/09
Center orthopedic reports 2008-9, primarily by Dr.
Chronic Pain Recovery Center notes 11/16/08, 12/10/08
Lumbar ESI operative reports 1/6/09, 4/29/08
Lumbar MRI report 3/24/08
ODG Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who in xx/xx/xx was lifting pallets and developed low back pain extending into the left lower extremity. There was also some tingling in his left foot. The tingling was helped by an epidural steroid injection 4/29/08, but pain has continued. A second epidural steroid injection on 1/6/09 gave relief of pain for two weeks, but then pain recurred, although the injection remained significantly helpful with what is described as 30 percent improvement from the pre-injection pain pattern. The clinical notes indicate that improvement occurred after the last epidural steroid injection. The patient continues to work, but only in a supervisory capacity, and it is indicated that that will be his status for the remainder of his working days.

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

I disagree with the denial of the repeat epidural steroid injection in the lumbar spine. The notes indicate that the patient's pain is primarily lower extremity pain, and changes remain in the way of tingling and some numbness, which suggests radiculopathy, for which epidural steroid injections are helpful. Reports indicate that surgically significant pathology is not present, but there is enough pathology to cause irritation of nerve root present. Previous reviewers have said that the epidural steroid injections were not helpful, but the notes provided for this review indicate that they have been helpful, and another epidural steroid injection has the probability of helping reduce his discomfort significantly.

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 KNOWLEDGEBASE
- AHCPH- 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)