

SENT VIA EMAIL OR FAX ON
Mar/24/2009

Applied Resolutions LLC

An Independent Review Organization
1124 N Fielder Rd, #179
Arlington, TX 76012
Phone: (512) 772-1863
Fax: (512) 853-4329
Email: manager@applied-resolutions.com

DATE OF REVIEW:
Mar/24/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Lumbar ESI

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

PATIENT CLINICAL HISTORY SUMMARY

This male sustained a lifting injury to his low back on xx/xx/xx. A diagnosis of L5-S1 foraminal stenosis and lumbar radicular syndrome was documented. A lumbar myelogram and post CT scan performed on 02/08/08 revealed an L5-S1 central and right posterolateral disc protrusion at L5-S1 that abutted but did not compress the thecal sac. On 02/14/08, Dr. documented post CT and myelogram findings of facet changes at L5-S1 which appeared to be causing recess and foraminal narrowing at L5-S1.

The claimant underwent a left L5 selective nerve root block on 03/10/08 with documented overall improved but short-term symptom relief. A lumbar L5-S1 decompressive surgery was

recommended but the claimant desired to continue with conservative care, which included medication management and modified duty.

Objective exam findings from 09/12/08 included left leg weakness and positive tension signs. On a 01/23/09 follow up the claimant's symptoms were noted to be the same with back and bilateral leg pain along with objective findings of normal strength, symmetric reflexes and negative sitting root testing. Dr. requested authorization to proceed with a lumbar epidural steroid injection noting that the claimant had some improvement following his selective nerve root block, which was performed in 03/08.

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

The requested epidural steroid injection would appear reasonable and follows ODG guidelines.

The records indicate the claimant has objective physical exam findings of radiculopathy with diminished strength of the anterior tibialis and the extensor hallucis longus. The claimant has undergone treatment with therapy, medications, and injections, and only had transient relief from a previous nerve block.

A single injection would appear reasonable with fluoroscopic guidance. This would be compatible with ODG guidelines.

Official Disability Guidelines Treatment in Worker's Comp 2008 Updates: Low Back -- Epidural steroid injections (ESIs), therapeuti

Criteria for the use of Epidural steroid injections

Note: The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit

- 1) Radiculopathy must be documented. Objective findings on examination need to be present.
- 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)
- 3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance

Therapeutic phase: If after the initial block/blocks are given and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be required. Indications for repeat blocks include acute exacerbation of pain, or new onset of symptoms. The general consensus recommendation is for no more than 4 blocks per region per year.

- 1) Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response
- 2) Current research does not support a routine use of a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections for the initial phase and rarely more than 2 for therapeutic treatment
- 3) It is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks or sacroiliac blocks or lumbar sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment.

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)