



DATE OF REVIEW:

05/21/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left lumbar transforaminal epidural steroid injection (ESI) at L4, L5, and S1.

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

Doctor of Osteopathy, Board Certified Anesthesiologist, Specializing in Pain Management.

REVIEW OUTCOME

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

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Left lumbar transforaminal epidural steroid injection (ESI) at L4, L5, and S1 is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- TDI/DIVISION OF WORKERS' COMPENSATION Referral form
- 05/12/09 MCMC Referral
- 05/11/09 Notice To MCMC, LLC Of Case Assignment
- 05/07/09 Confirmation Of Receipt Of A Request For A Review
- 05/04/09 Request For A Review By An Independent Review Organization
- 04/30/09 Preauthorization Determination letter,
- 04/10/09 Preauthorization Determination letters (two),
- 04/02/09 Progress Notes, M.D.
- 12/16/08 Progress Notes, M.D.
- 10/20/08 C-spine radiographs, Radiology Associates
- 10/14/08 MRI C-spine, Open MRI
- 10/03/08 Progress Notes, M.D.
- Note: Carrier did not supply ODG Guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual had trigger point injections (TPIs) with one week of relief. The note of 10/2008 had a negative straight leg raise (SLR); the note of 12/2008 states the injured individual cannot do an SLR due to pain. On 04/02 SLR is positive on the left only at 45 degrees. There is no lumbar MRI or electromyogram (EMG).

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

The injured individual is a female with date of injury xx-xx-xx. Reportedly a lumbar MRI was done but there is no result. The injured individual had TPIs with one week of relief. The note of 10/2008 had a negative SLR; the note of 12/2008 states the injured individual cannot do an SLR due to pain. On 04/02 SLR is positive on the left only at 45 degrees. The injured individual has varied physical findings. The request is for a three level



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transforaminal epidural (TFE) which is in excess of Official Disability Guidelines. There is no MRI or EMG to verify lumbar pathology. For these reasons the request is denied.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES