

Wren Systems

An Independent Review Organization
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DATE OF REVIEW:

May/19/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Series of Lumbar spine Epidural steroid injections, Trigger Point Injections (20552, 99144, 77003, 64463, 64464)

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)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG Guidelines and Treatment Guidelines
Adverse Determination Letters, 2/2/09, 4/7/09
Consultants in Pain Medicine, Dr. 1/19/09, 3/2/09
Letter from Patient, 2/4/09
Dr. 11/25/08
MRI Lumbar Spine w/o contrast, 4/22/05
MRI Cervical Spine w/o contrast, 4/22/05

PATIENT CLINICAL HISTORY SUMMARY

This patient complains of low back pain that "radiates down both legs to her calves." Her pain "also radiates to both lower extremities equally involving the posterior thighs." The patient supposedly received a lumbar ESI in 2005 that "helped 80% for about a year and a half." On the physical exam performed on 03/02/09, it was noted that the patient had a positive straight leg raise on the right while sitting but it was negative bilaterally when the patient was in a supine position. There is no documentation of circumscribed trigger points with evidence upon palpation of a twitch response.

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

It is noted that a general statement of pain in the bilateral lower extremities is made and there is also pain noted in the bilateral posterior thighs. There is no specific dermatome described with this documentation. In addition, the objective findings for radiculopathy are equivocal in that the straight leg raise was positive only on the right while sitting but was negative bilaterally when in the supine position. There is also no mention of any home exercise program being performed by the patient. It is noted that the Official Disability Guidelines state that epidural steroid injections are not considered the actual treatment but rather a means to providing patients pain relief to allow them to be involved in a more active treatment program. There is no mention of physical therapy or a home exercise program being discussed. In addition, the Official Disability Guidelines does not recommend a series of epidural steroid injections. There is definitely more than one epidural steroid injection being prescribed when the word "series" is used. It is also noted that the codes that have been submitted for the ESI account for both a primary level and an additional level to be performed. These levels are not discussed in any of the notes that I have reviewed. Regarding the trigger point injections, it is noted that there is no physical exam evidence that would show trigger point injections to be appropriate at this time. The request does not meet the guidelines. Given all of these issues, the reviewer finds that medical necessity does not exist for Series of Lumbar spine Epidural steroid injections, Trigger Point Injections (20552, 99144, 77003, 64463, 64464).

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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)