



Notice of Independent Review Decision

DATE OF REVIEW: 11/04/09

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for outpatient left L2 transforaminal epidural steroid injection at Stonegate Surgery Center.

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

Texas licensed Anesthesiologist.

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)

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.

The previously denied request for outpatient left L2 transforaminal epidural steroid injection at Stonegate Surgery Center.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

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PATIENT CLINICAL HISTORY (SUMMARY):

Age:
Gender:
Date of Injury: xx/xx/xx

Mechanism of Injury: Fell onto buttocks while moving a file cabinet.

Diagnosis: Thoracolumbar strain; Post-laminectomy syndrome with lumbar radiculopathy.

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

This is a female who sustained an industrial injury on xx/xx/xx. The initial mechanism of injury was not provided. The current diagnosis was post-laminectomy syndrome with lumbar radiculopathy. The patient complained of lumbar back pain with radiation to the lower extremities. An MRI showed annular bulging at L2-3 without specific nerve root involvement. L3-4, L4-5, and L5-S1 were obscured by artifact. The progress note on 8/20/09, indicates that the patient “feels that the medications do improve her ability to do her activities of daily living.” A note from Dr. in June 2009 indicated that the patient reported 70% reduction in pain with improvement in functional ability with the use of Hydrocodone. Examination showed tenderness to palpation in the lumbar spine with negative straight leg raise and a normal neurological examination. There was indication of monitoring for abuse and diversion. Attempts at a case discussion were unsuccessful.

Regarding ESI's, the ODG state: “Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and 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 by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.” There was no evidence of radiculopathy on examination and the imaging study did not demonstrate nerve root compression. Therefore, the transforaminal ESI would not be supported by the ODG.

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

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.

Low back; ESI

- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).