



Notice of Independent Review Decision

**DATE OF REVIEW:** 11/19/09

**IRO CASE #:**

**NAME:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Determine the appropriateness of the previously denied request for:

1. Lumbar translaminar epidural steroid injection (ESI) with fluoroscopy left L5-S1 62311 77003-26.
2. Monitored anesthesia care (MAC).

**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:

1. Lumbar translaminar ESI with fluoroscopy left L5-S1 62311 77003-26.
2. MAC.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

- Notice of Utilization Review Findings dated 11/9/09.
- IRO Request dated 11/6/09.
- Treatment/Disability Duration Guidelines dated 11/13/09.
- Treatment/Services Request Letter dated 11/5/09, 10/15/09.
- Office Visit/Follow-Up Report dated 10/7/09, 9/17/09, 8/17/09, 8/3/09, 7/1/09.
- Operative Report dated 9/17/09.
- EMG Report dated 8/10/09.
- Lumbar MRI dated 7/12/08, 12/23/05, 9/12/05.

**PATIENT CLINICAL HISTORY (SUMMARY):**

**Age:**

**Gender: Male**

**Date of Injury: xx/xx/xx**

**Mechanism of Injury: accident**

**Diagnosis: Lumbar radiculopathy.**

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

This male sustained an industrial injury on xx/xx/xx. The initial mechanism of injury was a accident. The current diagnosis was lumbar radiculopathy. The patient currently complained of low back pain (LBP) with radiation to the left lower extremity. The patient had completed conservative care including physical therapy (PT) and medication management. The most recent exam note indicated positive straight leg raise (SLR) on the left at 20 degrees. The MRI of the lumbar spine showed L5-S1 disc protrusion. There was electromyogram / nerve conduction study (EMG/NCS) evidence for left L5 radiculopathy. The patient completed a lumbar ESI #1 with 100% relief, for 3-4 days, followed by a return of the pain. Per the ODG, "4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections." In this case, the patient underwent a lumbar ESI #1 with 100% relief for 3-4 days. This would be considered an adequate response to the 1st diagnostic phase block. The ODG does allow for a 2nd diagnostic phase block under these circumstances, and, therefore, the previous denial is overturned.

**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. Official Disability Guidelines (ODG), Treatment Index, 7<sup>th</sup> Edition (web), 2009, Low back – ESI. ALL.
- 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).