



DATE OF REVIEW: 11/10/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Transforaminal epidural steroid injection times three at three levels

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in practice of Pain Management full time since 1993

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

Medical necessity has not been demonstrated for the requested procedures

INFORMATION PROVIDED FOR REVIEW:

1. TDI Referral
2. URA findings, 10/9/09 to 10/22/09
3. MD, treatment notes, 1/8/08 to 7/31/09
4. UHS, X-rays of the right foot and ankle, 11/3/2000 to 7/14/2001
5. Imaging, Tri-phasic bone scan, 12/15/2002
6. OPG Diagnostic Pavilion, foot and ankle X-ray series, 12/13/2000
7. Hospital District, surgical/hospital notes, 8/25/00 to 9/7/07

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This individual has chronic foot and ankle pain after a fracture. Numerous procedures have been performed, and there is no documentation of efficacy of any of the procedures. There appear to be psychological factors present, as well.

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

The ODG criteria are not met. The ODG criteria do not allow three procedures. Repeat of the procedure is determined by efficacy of the first procedure, so it is not reasonable to ask for three procedures. ODG does not endorse transforaminal epidural steroid injection at three levels as requested. Also, there is no documentation of radiculopathy; therefore, transforaminal epidural steroid injection times three at three levels is neither reasonable or necessary.

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

(Check any of the following that were used in the course of your review.)

- ACOEM-American 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)