SENT VIA EMAIL OR FAX ON
Oct/12/2009

Independent Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Oct/07/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Bilateral L4 transforaminal epidural steroid injection with epidurogram

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

REViEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Denial Letters 8/19/09 and 9/3/09
Dr. 8/13/09 thru 9/17/09
MRI 4/6/09
9/21/09

PATIENT CLINICAL HISTORY SUMMARY
This man was injured on xx/xx/xx. Dr. described in his 8/13/09 report of pain in the lower left and right lumbar spine going to the abdomen, groin and hips. The exam on this date did not include the spine or extremities other than to say there were no abnormalities, including the prior left thumb amputation. His 8/13/0 examination included the anterior thigh as being symptomatic. The examination showed normal reflexes, strength ad sensation. He felt the pain was in the L3/4 dermatomal pattern. He planned bilateral L4 transformainal ESIs. The MRI showed mild facet arthropathy without neural compromise at L3/4 and disc bulges with mild left foraminal narrowing at L4/5 and right greater than left at L5/S1.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS

AND CONCLUSIONS USED TO SUPPORT THE DECISION
A key requirement for ESIs is the presence of a radiculopathic pain. This requires dermatomal distribution, which Dr. states, but also requires objective findings including muscle atrophy, abnormal neurological findings as per the AMA Guides. Further there are no radiological findings of disc herniation or nerve root compromise. The L4 roots would exit at the L4/5 level or could be compromised by a disc at L3/4. Neither scenario was determined. The sole positive finding was the reported positive SLR, which does not stretch the L3 roots. Therefore, the diagnosis of radiculopathy has not been established per these criteria and the ESI cannot be justified.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)