

SENT VIA EMAIL OR FAX ON  
Oct/13/2009

# Independent Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**  
Oct/09/2009

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
Epidural Steroid Injection @L4/4 and L5/S1 Right Side

**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:

- Upheld (Agree)  
 Overturned (Disagree)  
 Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines  
Denial Letters 8/5/09 and 7/10/09  
Hospital 3/25/09  
Pain Management 4/8/09 thru 9/9/09  
EMG 9/17/09

**PATIENT CLINICAL HISTORY SUMMARY**

This is a lady injured on xx/xx/xx. She had Medial Branch/facet blocks on 4/8 with subsequent trigger point injections. Dr. stated that she was having right hip pain and then bilateral pain. His examination on 7/1, 8/6 and 9/27 showed no neurological loss, but there was local facet region pain, plus initially positive right and subsequently bilateral SLR. He wanted to perform initially a right L4/5 and L5/S1 transforminal ESI, and subsequently bilateral L3/4 and L4/5 transforaminal ESIs.

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

One Reviewer noted she had been in a work hardening program. The Reviewer did not see a report. The requirement for entry into one would exclude further workup. "(3) Not a candidate where surgery or other treatments would clearly be warranted to improve function."

The ODG does accept the role of epidural injections provided there is documentation of the dermatomal distribution of the pain. This was not provided. The Criteria allow no more than blocking of 2 nerve roots. The initial request was for 2, but the latter was for 4 for diagnostic blocks. Again, the ODG relies on the AMA Guides to document a radiculopathy.

The first requirement is the description of the dermatomal distribution. This was not provided. Second, there needs to be neurological loss, none were documented. The AMA Guides require radiological (MRI) documentation of the disc herniation consistent with the physical findings and the subjective dermatomal complaints. No radiological reports were provided nor commented up. While the AMA Guides comment upon a noncompressive radiculopathy, the criteria for the radiculopathy still relies upon radiological findings. In the absence of this information, and with the possible prior work hardening programs, there is nothing provided to justify the medical necessity of the epidural injections.

**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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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