

SENT VIA EMAIL OR FAX ON
Sep/08/2009

Applied Resolutions LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Sep/02/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Outpatient Caudal ESI & Epiduralgram with Fluoro; MAC

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 7/14/09 and 7/12/09
Dr. 1/7/09 thru 8/4/09
MRI 5/11/09
Dr. 6/4/09
Dr. 6/30/09

PATIENT CLINICAL HISTORY SUMMARY

This xx year old lady was injured in xxxx. She underwent mutiple back operation including a fusion at L4 to S1, hardware removal in 1996 and a nerve root decompression at L5/S1 in 1997. She has chronic pain and had spinal intrathecal pumps inserted in 2001, 2007 and

most recently in 2008. She apparently had an increase in pain since last fall. MRI failed to show the presence of a granuloma on her pump catheter. Her pump medications are Priast, and baclofen. Her symptoms are reportedly more in the L4 dermatome. An MRI in May 2009 showed minimal disc bulges at L1-2, and L2-3 with some L4-5 narrowing from facet degeneration. The nerves were clumped as in arachnoiditis. Dr. performed an RME and felt she did not need to be on several medications including opiates. Her treating doctors feel she would benefit from a caudal ESI to reduce her pain and minimize her pump medications.

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

The chronicity of the condition and the spinal pump alter some of the guidelines used for epidural injections. She has a self exercise program, and per her treating doctors, a formal PT program would be expensive and not helpful. Further, it may not meet the ODG requirements. Her subjective symptoms are those of a L4 radiculitis. There is no reported motor loss. The radiological findings show the surgery and the arachnoiditis. The multiple operations make the caudal epidural injection preferable to any attempt at an intraforaminal or translaminar approach. The argument that she got relief with prior epidural injections is mute since these ESIs are 15 years ago and prior to surgery. The arachnoiditis on the MRI will limit the spread of the medication used reducing the likelihood for success. The only valid argument is that this may help and minimize the use of the intrathecal medications, and reduce, as Dr. advised, the use of opiates. Therefore, a trial of one therapeutic caudal ESI is 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

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)