



## Notice of Independent Review Decision

### IRO REVIEWER REPORT – WC NETWORK

**DATE OF REVIEW:** 03/26/10

**IRO CASE #:**

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

Lumbar ESI at L5-S1

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

Board Certified in Neurological 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)

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.

Lumbar ESI at L5-S1 - OVERTURNED

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

- Correspondence, M.D., 05/21/09
- History and Physical, Dr. 06/10/09
- Operative Report, Dr. 06/10/09
- Discharge Summary, Dr. 06/10/09
- Correspondence, Dr. 07/02/09, 09/10/09, 10/22/09, 11/23/09, 12/23/09, 01/18/10, 01/28/10, 02/22/10
- Physical Therapy Progress Note, P.T., 11/18/09
- Lumbar X-Rays, M.D., 01/11/10
- MRI Lumbar Spine, Dr. 01/11/10
- Utilization Review Referral, Dr. 01/20/10, 02/01/10
- Denial Letter, 01/25/10

**PATIENT CLINICAL HISTORY [SUMMARY]:**The patient incurred the onset of some low back pain, but mainly right hip and buttock pain with radicular pain down the

right leg. The patient underwent a right L5-S1 laminectomy and right L5 and S1 root decompression, as well as an excision of a large right L5-S1 disc extrusion with L5 and S1 root decompression. He underwent physical therapy. His radicular leg pain did go away, however, he continued to have low back pain. An MRI was obtained which showed some disc bulging, with root damage, mainly to the left side where he was having a quite a bit of pain. Most recently he was being treated with Hydrocodone and Flexeril due to continued back and residual leg pain.

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

Though the recommendation for lumbar ESI does not meet the absolute criteria of the ODG in total, I do think there is enough valid medical reason and met criteria to warrant an epidural steroid injection for the post laminectomy discomfort at L5/S1.

The criteria as clearly pointed out on the ODG Guidelines state that radiculopathy with documented abnormalities on imaging studies and pain warrant epidural steroid injections. Though this patient does not appear to have neurological deficit on re-examination, I think with the failure of significant improvement with physical therapy, one epidural steroid injection is warranted for the continued lumbar pain and residual leg pain. Therefore, in my medical opinion, the patient does meet enough of the criteria as stated in the ODG.

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

- 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 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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)