

# US Decisions Inc.

An Independent Review Organization  
2629 Goldfinch Dr  
Cedar Park, TX 78613-5114  
Phone: (512) 782-4560  
Fax: (207) 470-1085  
Email: [manager@us-decisions.com](mailto:manager@us-decisions.com)

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Apr/21/2010

**IRO CASE #:**

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

Sleeve Root Injection, with Fluoroscopy and Monitored Anesthesia L4-L5 64483, 64484, 77003, 01992

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

M.D., Board Certified in pain management and anesthesiology under the American Board of Anesthesiologists

**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**

ODG Guidelines and Treatment Guidelines  
Adverse Determination Letters, 3/30/10, 3/11/10  
M.D. 2/22/10, 1/18/10, 12/7/09  
Medical Center 9/10/08, 4/7/09,  
Imaging 12/1/09  
Imaging 2/23/10  
Surgery Center 12/29/09, 12/1/09  
2/18/10  
Counseling Services 11/4/09  
M.D. 10/6/09, 10/20/09  
D.C. 12/15/08, 7/25/08, 9/16/08, 10/16/08 to 6/11/09  
Dr. D.C. 5/19/08  
FAE 5/5/08  
IRO Review 8/17/09  
Pain Centers 7/25/08  
11/16/07, 11/9/07, 3/22/07, 12/7/07, 11/26/07, 11/30/07,  
11/23/07, 11/16/07

Spine Institute 1/22/08, 2/19/08  
M.D. 2/19/08  
D.C. 3/12/08

**PATIENT CLINICAL HISTORY SUMMARY**

This patient has a history of low back pain radiating in the hips and inguinal region. There is also pain in the right leg with numbness and tingling. Physical exam is significant for a positive straight leg on the right and negative on the left. Per the office visit note on 1/18/10, "he has several epidural steroid injections without any relief." The request is for a right L4-5 sleeve root injection under fluoroscopy to alleviate the leg and pelvic pain.

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

The purpose of a sleeve root injection or "selective nerve root block" is usually to help diagnose what level is responsible for a person's pain. The use of this injection for this purpose is not mentioned in the records associated with this case. In addition, this injection is similar to an ESI. As stated above, the patient has failed, "several epidural steroid injections." Given that the ODG does not recommend repeat ESIs if previous ones are not effective and that the purpose of the selective nerve block is not being recommended for diagnostic purposes, the reviewer finds that medical necessity does not exist at this time for Sleeve Root Injection, with Fluoroscopy and Monitored Anesthesia L4-L5 64483, 64484, 77003, 01992.

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

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