

Becket Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Aug/14/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Lumbar caudal ESI with catheter under fluoroscopy with IV sedation (62319 and 77003) and clarification of levels

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

M.D., Board Certified in Pain Management
Board Certified in Anesthesiology
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

, 6/24/10, 7/19/10, 7/22/10

Pre-Authorization Form, 6/22/10

D.O., 7/13/10, 6/16/10, 3/4/10, 2/22/10, 12/21/09, 9/17/09, 6/26/09, 4/30/09, 12/6/07

Operative Report, 4/28/09

MRI Lumbar Spine, 1/14/10

CT Lumbar Spine without contrast, 10/19/06

Radiology Results, 8/26/05

MRloA, 3/4/10, 3/17/10

PATIENT CLINICAL HISTORY SUMMARY

According to the records, on 7/13/10, this patient was noted to have "back, buttock, and leg pain complaints." The specific legs affected (i.e. right, left, or bilateral) and a specific dermatomal pattern is not discussed in the notes that I have reviewed. It was also noted at this visit that "caudal epidural blockade in the past has helped her significantly regain her functional, decrease medications, and become more active." The percent of pain relief experienced, and the length of time in which the patient was able to "... significantly regain her functional, decrease medications, and become more active" was not discussed. The patient had a SCS implanted on 4/28/09.

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

Per the ODG, "If after the initial block/blocks are given and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be required." This information was not documented in the records I reviewed. Also, the physical exam is significant for a positive straight leg raise on the left. It is unclear if this physical exam finding correlates with the history. Therefore at this time, this request for Lumbar caudal ESI with catheter under fluoroscopy with IV sedation (62319 and 77003) and clarification of levels is

not found to be medically necessary.

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)