

SENT VIA EMAIL OR FAX ON
Jun/24/2010

True Resolutions Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (214) 717-4260
Fax: (214) 276-1904
Email: rm@trueresolutionsinc.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jun/22/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient ASC Caudal ESI

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

Board Certified Orthopedic Surgeon

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
MRI lumbar spine, 03/09/09
Office notes, Dr., 06/23/09, 07/17/09
Office notes, Dr., 08/06/09, 09/15/09, 09/23/09, 03/31/10
Office notes, Dr., 09/23/09, 04/14/10, 05/28/10
X-ray, 09/23/09
Peer review, 04/22/10, 05/10/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male injured on xx/xx/xx when he was leaning over to screw in a bolt and developed back pain.

A 03/09/09 MRI of the lumbar spine showed L1-2 moderate spondylosis with a bulge, facet disease and mild neuroforaminal narrowing. At L2-3 was a bulge, spondylosis and moderate facet disease, mild neuroforaminal narrowing and flattening of the thecal sac. There was L3-4 mild spondylosis with a bulge in the left lateral region; posterior protrusion that contributed to foraminal narrowing on the left and there appeared to be impingement on the left nerve root. L4-5 and L5-S1 spondylosis and mild facet disease was seen.

On 06/23/09, Dr. saw the claimant for low back pain. He reported that the claimant had an epidural steroid injection (ESI) at L3-4 with some relief. At that time, there was no focal motor or sensory deficit. A second injection, Flexeril and therapy were recommended. The 07/17/09 off note from Dr. indicated that the 2nd ESI had been denied. The claimant reported low back and left leg pain. There was a mild positive straight leg raise with no focal sensory or motor deficit. Recommendation was to return to work.

The claimant was seen on 08/06/09 by Dr. for pain in the left hip to thigh and medial knee as well as low back pain. Treatment had consisted of chiropractic and therapy with short-term relief. An ESI had given the most relief. Medications included Ibuprofen and Flexeril. Examination of the cervical spine was normal. Lumbar flexion was 75 degrees, extension and rotation 20 degrees. Straight leg raise was positive on the left. Sensation was intact. Dr. recommended therapy and an ESI. On the 09/15/09 visit, Dr. noted the claimant had been in therapy that was beneficial. Hyperreflexia was noted in the lower extremities at 3/4. The remainder of the examination was normal. Medications were continued; therapy and an ESI were also recommended.

On 09/23/09 Dr. also noted the hyperreflexia and he recommended MRI scans of the cervical, thoracic and lumbar spines as well as the ESI. These requests were not certified. 09/23/09 x-ray showed no instability with flexion/extension and loss of disc height at L1-2 and 2-3 with osteophytes.

Dr. saw the claimant again on 09/23/09 Dr.. Left lower extremities reflexes were 3+ with 3 beats of clonus on the left and 2 on the right. There was normal sensation, 5-/5 weakness of the left hip flexors, negative straight leg raise (SLR) bilaterally with pain radiating to the left thigh with femoral stretch.

A 03/31/10 note from Dr. indicated the ESI was still denied and that the claimant had continued low back and left leg pain. The left quadriceps tone was "decreased." SLR was positive on the left at 30 degrees. Injection and Lidocaine were recommended.

On 04/14/10, Dr. reported there was low back pain radiating to the buttocks, left posterior thigh, and calf. The claimant was working but having pain. The examination was noted to be unchanged. The impression was that symptoms were in S1 that did not correlate with the L3-4 herniation; L5-S1 impingement; and hyperreflexia was of concern and the possibility that the material in the L3-4 foramen could be a tumor. He again recommended MRI scans and the ESI.

On 05/28/10, Dr. noted that the initial ESI gave greater than 50 percent relief for 6 weeks. The claimant had pain from the posterior buttock to the calf in S1. There was continued limited lumbar motion with mild pain. He had full strength, positive SLR and femoral stretch on left for pain down posterolateral and anterolateral left thigh. The impression was L3-4 disc herniation that did not correlate with symptoms, L5-S1 spondylosis with protrusion causing foraminal stenosis and left lumbar radicular symptoms likely from S1. ESI and a rehabilitation program were recommended.

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

Request is for lumbar epidural steroid injection.

This is a gentleman whose listed date of injury was xx/xx/xx. An MRI of the lumbar spine makes reference to a bulge but no true herniation. The claimant has had chiropractic care and one epidural steroid injection. It appears, however, that he is bothered chiefly by axial back pain. The rationale for the straight leg raising positive test was not documented. There is no nerve deficit at L5-S1 or L4-5. The records reflect chiefly axial back pain. It was noted that the initial epidural steroid injection did result in relief, but this appeared to be simply for axial back pain.

ODG guidelines do not recommend epidural steroid injections for axial back pain. They are indicated for radicular symptoms.

Official Disability Guidelines 2010, 15th Edition

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)