

C-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Aug/04/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left L5-S1 transforaminal epidural steroid injection with epidurogram #1

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

MD, Board Certified, Anesthesiology and Pain Management

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

Official Disability Guidelines Treatment in Workers' Compensation, Low Back
Workers' Comp Services, 7/2/10, 7/14/10

M.D. 10/14/09 - 6/29/10

MRI Center 6/24/10

Physical Therapy Associates, 11/6/09 to 4/15/10

FCE, 3/24/10

M.D. 6/7/10 to 10/15/09

M.D. 3/8/10, 2/10/10, 1/6/10

Hospital 1/26/10

6/24/10

3/31/10, 3/1/10

12/4/09

MRI 9/30/09

PATIENT CLINICAL HISTORY SUMMARY

This is a male patient who was injured on xx/xx/xx. The patient received a "left lumbar hemilaminectomy and mesiofacetomy at the L4-5 and L5-S1 levels" on 1/26/10. The patient was doing well post-operatively and noted that he had 0 out of 10 pain on 4/28/10. On 5/21/10, the patient complained of "mild" pain and was "tenuous about returning to work." Physical exam was significant for a normal neurological exam (reflexes and sensation) and a negative straight leg raise. A referral was made to pain management at the 5/21/10 office visit. On 6/7/10, it was noted that the patient had returned to work and was performing a home exercise program. On 6/16/10, the patient was noted to have left lower back pain that "radiates to the left hip, left lateral thigh, and left lateral shin." On the physical exam at this visit, the patient was noted to have a "sensory deficit in the left L5 distribution," a positive "bilateral Kemp," and a positive "left slump for back pain and radiculopathy." A lumbar spine MRI from 6/24/10 showed a "diffuse annular bulge with a broad based central and right parasagittal disk protrusion which appears to impinge upon the origin of the right L5 nerve root." At a visit on 6/24/10, the patient was noted to have a negative straight leg raise bilaterally and a normal lumbar sensory exam. Deep tendon reflexes were noted to be "2+ at the right ankle and 1+ at the left ankle."

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

It is noted that the MRI does not correlate with the patient's complaints of left sided pain. Also, the multiple physical exam results described above do not correspond. According to the ODG criteria for ESI, "radiculopathy must be documented. Objective findings on examination need to be present." The exam results are considered to be equivocal. An EMG/NCV study has not been done to help clarify the situation. Given the current information, and based on the ODG criteria for ESI not being met, the reviewer finds that medical necessity does not exist at this time for Left L5-S1 transforaminal epidural steroid injection with epidurogram #1.

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)