



Medwork Independent Review

5840 Arndt Rd., Ste #2
Eau Claire, Wisconsin 54701-9729
1-800-426-1551 | 715-552-0746
Fax: 715-552-0748
Independent.Review@medworkiro.com
www.medwork.org



NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION
Workers' Compensation Health Care Non-network (WC)
MEDWORK INDEPENDENT REVIEW WC DECISION

DATE OF REVIEW: 07/22/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

64483 inj foramen epidural L/S; 64484 inj foramen epidural add-on; 72275 epidurography

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

Texas State Licensed MD Board Certified Anesthesiology & Pain Management physician

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Texas Dept of Insurance Assignment to Medwork 07/05/2010
2. Notice of assignment to URA 07/05/2010
3. Confirmation of Receipt of a Request for a Review by an IRO 07/01/2010
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 06/29/2010
6. letter 06/25/2010, 06/18/2010, 06/02/2010
7. Note 06/15/2010, 05/25/2010, 04/15/2010, 03/31/2010, 03/22/2010, 02/24/2010, 02/15/2010, 02/05/2010, 01/15/2010, 01/14/2010, 12/29/2009, 08/24/2009, 04/02/2009, 03/07/2009, therapy and progress notes Jan & Feb 2009, note 12/05/2008, 11/01/2008, 10/17/2008, 10/11/2008, 09/16/2005, 09/12/2005, 09/02/2005, 08/05/2005, progress notes 10/2002, note 12/06/2002, 11/15/2002, 11/11/2002, 10/11/2002, 10/08/2002, 09/30/2002
8. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:

Patient is status post injury to the low back on xx/xx/xx. According to the last medical note the patient has low back that radiates into the legs. On physical exam there was tenderness with a positive straight leg. Patient has decreased sensation in the L4-L5 dermatome with decreased strength in the left foot. The patient has an MRI showing an annular tear and disc herniation at L4-L5. The patient has had epidural steroid injection on 03/22/2010 that gave 100% pain relief



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and also on 03/31/2010 that gave 100% pain relief. The request is for 64483 inj foramen epidural L/S; 64484 inj foramen epidural add-on; & 72275 epidurography.

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

Refer to the Official Disability Guidelines chapter on low back pain it states under epidural steroid injections under number 7 that repeat injections can be done if the patient receives at least 50 to 70% pain relief. According to the records reviewed and the ODG guidelines, it is documented that the patient has received 100% pain relief; therefore, the insurer's decision to uphold is overturned.

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 KNOWLEDGBASE
- 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)