

SENT VIA EMAIL OR FAX ON
Aug/19/2010

Applied Assessments LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/19/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar ESI L3/4

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

Board Certified Neurosurgeon with additional training in pediatric neurosurgery

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

Denial Letters 7/16/10 and 7/27/10

Dr. 4/27/10 thru 7/27/10

OP Report 5/11/10

Lumbar Spine 3/23/10 thru 7/7/10

EMG 5/4/10

PATIENT CLINICAL HISTORY SUMMARY

This is a male with a date of injury xx/xx/xx. He is status post L3-S1 fusion. He complains of low back and right greater than left leg pain. He underwent hardware block on 05/11/2010 that was reported to have significantly decrease his low back pain. He is on multiple medications for control of his symptoms. His examination 07/12/2010 reveals iliopsoas weakness as well as hyposthesia to pain in the thighs bilaterally. An EMG of the lower extremities on 05/04/2010 shows findings of bilateral lumbosacral radiculopathy (unable to localize level), as well as moderate peripheral neuropathy. A CT of the lumbar spine 07/07/2010 reveals significant L2-L3 canal stenosis secondary to annular bulge and facet joint prominence. The provider is requesting a lumbar ESI at L3-L4.

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

The procedure is medically necessary. The claimant has objective evidence of radiculopathy, which correlates with his neuroimaging. According to the ODG, "Low Back" chapter, "Radiculopathy must be documented. Objective findings on examination need to be present". This is, indeed, the case. Although the hardware block alleviated his low back pain, it did not alleviate his leg pain, as would be predicted. Therefore, the ESI is reasonable and medically necessary

ODG "Low Back" chapter

Criteria for the use of Epidural steroid injections:

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)