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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jul/23/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L4-L5 Transforaminal Epidural Steroid Injection #2 Under Fluoroscopy

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

M.D., board certified in Orthopedic Surgery

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 Treatment Guidelines

, 6/10/10, 7/2/10

MedGroup 6/3/10, 5/6/10

Surgical Hospital 5/13/10, 5/12/10

Diagnostic 4/21/10

4/29/10, 6/24/10, 4/20/10, 5/14/10, 4/21/10, 6/14/10, 6/3/10,

6/30/10, 7/1/10, 7/2/10

Note 4/29/10

5/6/10

PATIENT CLINICAL HISTORY SUMMARY

This is an injured worker. She had an injury at work when lifting. There is varied documentation in the medical record concerning neurological deficit. Generally, it is said that there is no neurologic deficit. There is negative straight leg raising and negative sensation consistently, and there was a question of weak extensor hallucis longus once. The patient has had one epidural steroid injection with 100% resolution for 24 hours. The previous reviewer denied the requested second epidural steroid injection due to absence of six to eight weeks of improvement of at least 50-70% as required by the Official Disability Guidelines and Treatment Guidelines.

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

Firstly, this patient does not appear to have true radicular symptoms, at least based upon neurological examination and compatible imaging studies. The providers have noted this patient's complaints are predominantly discogenic. Given the absence of hard neurological findings and the absence of compatible imaging studies, the previous reviewer is indeed correct that this patient does not satisfy the criteria in ODG for epidural steroid injections. While this is the case, the confusing issue is that the patient did have dramatic improvement for 24 hours. The basis for this is hard to understand, given the overall clinical picture and associated imaging studies. The requesting physician has not explained in his request for the second epidural steroid injection why there should be a divergence from the ODG. Upon

independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld. The reviewer finds there is no medical necessity for L4-L5 Transforaminal Epidural Steroid Injection #2 Under Fluoroscopy.

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)