

# Core 400 LLC

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Jul/28/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Outpatient transforaminal epidural steroid injections ESIs at left L5 and left S1 levels

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

M.D., Board Certified in 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**

ODG

FORTE, Notices of Utilization Review Findings, 5/27/10, 6/15/10

Neurology Clinic 3/12/10, 2/10/10

Victory 10/26/09 to 6/24/10

Radiological Association 11/30/09

Pain Consultants 4/16/10, 6/3/10

D.O. 3/7/10

**PATIENT CLINICAL HISTORY SUMMARY**

On xx/xx/xx, the patient fell and was injured. Since that date, the patient has suffered with low back and left lower extremity pain. It was noted on 6/3/10 that the patient complains of "left lumbosacral, left buttock, and posterior thigh and calf pain with numbness in the left big toe as well as in the sole of the foot and top of the foot." The patient has failed conservative treatment which includes PT and medication management. The patient's physical exam (performed on 6/3/10) is consistent with a L4-S1 radiculopathy. An EMG/NCV from 1/20/10 showed evidence of "left L5 radiculopathy" per Dr.'s note from 2/10/10. Per Dr. on 6/3/10, the patient's MRI of the lumbar spine from 11/30/09 is significant for "a left paracentral and posterolateral annular fissure at L5-S1 associated with a disc protrusion, which comes in close contact with the exiting left L5 and descending left S1 nerve root."

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

Per the ODG, "radiculopathy must be documented. Objective findings on examination need to be present." This is seen both in the history, physical exam and EMG/NCV results for this patient. Also the ODG states that the patient should be "initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." The patient also meets this criteria. Therefore, this request for Outpatient transforaminal epidural steroid injections ESIs at left L5 and left S1 levels is medically necessary.

**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)