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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/03/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Outpatient lumbar transforaminal epidural steroid injection (TF ESI) at L3-L4

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

M.D., Board Certified Anesthesiologist
American Board of Anesthesiologists

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

Risk Management Fund 10/20/10, 10/11/10
Spine Care Consultants 8/24/10-9/30/10
Diagnostics & Therapeutics 4/4/02-9/1/04
Orthopedic Hospital 6/13/97-9/22/03
MD 11/17/10
8/12/10
8/4/03
Institute of Rehabilitation 8/15/10
ODG Criteria for Epidural Steroid Injections

PATIENT CLINICAL HISTORY SUMMARY

This patient is xx. She was injured in xxxx. According to the 9/30/10 note, she complains of "bilateral lower lumbar pain... The patient also complains of left lower extremity pain is noted in the thigh laterally and calf posteriorly and numbness is noted in the calf laterally." Physical exam is significant for decreased sensation to pinprick in the bilateral S1 distribution, decreased right patellar reflexes "(L4)" compared to the left patellar reflexes, decreased left Achilles reflex "(S1)" compared to the right Achilles reflex, and a straight leg test that was positive for "radiating leg pain" bilaterally. The location of this "radiating pain" is not documented. An MRI from 8/12/10 shows "mild disc desiccation and annular bulging" at L3-4.

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

ODG criteria for ESI is clear that “Objective findings (for radiculopathy) on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electro-diagnostic testing.” The objective findings on this patient’s physical exam don’t correlate with the level being requested for the TFESI (L3). In addition, the MRI results do not show anything significant at L3-4 to explain the radicular symptoms. Radiculopathy has not been corroborated by imaging studies and/or electro-diagnostic testing. The ODG criteria for ESI has not been met and there is no explanation from the provider which justifies diverging from the ODG. Therefore, the reviewer finds no medical necessity for Outpatient lumbar transforaminal epidural steroid injection (TF ESI) at L3-L4.

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)