

# I-Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Dec/13/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
Outpatient caudal ESI at L5-S1

**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**  
Notices of Utilization Review Findings, 10/15/10, 11/4/10  
DO 10/8/10 to 10/27/10  
Diagnostic Imaging 8/24/10  
Imaging Center 2/20/09-8/14/10  
MPM 9/10/10  
Orthopedic and Spine Associates 10/20/09-9/9/10  
Spine and Sport Inc 6/14/10  
Neuro-Diagnostic Solutions 3/3/10  
Medical Center 11/18/09  
ODG GUIDELINES

### PATIENT CLINICAL HISTORY SUMMARY

This male patient has a history of "low back pain radiating in the thoracic spine, to the right buttock, the left buttock, to the legs posteriorly on the right, on the left, to the right great toe, the right second toe, the left great toe, the left second toe." The physical exam is significant for a positive straight leg raise on the left. There was also "decreased response to tactile stimulation of the sural nerve of the left leg... (and) left great toe... (and) left second toe" noted. Lumbar ESI and lumbar facet injection was recommended. On 10/27/10, the straight leg raise test was negative on the left. A MRI of the lumbar spine from 8/24/10 was noted on 9/9/10 to show "DJD at L5-S1 and L4-5." At this same visit, the provider discussed trying facet injections first and if that didn't work then epidural steroid injections would be tried next. An EMG (date not noted) was significant for a left L5 radiculopathy. This request is for Outpatient caudal ESI at L5-S1.

### ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS

**AND CONCLUSIONS USED TO SUPPORT THE DECISION**

By definition, a caudal ESI is performed through the sacral hiatus. Both facet injections and ESI's are being discussed. The ODG states that for ESI's to be considered appropriate, "radiculopathy must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing." The patient's symptoms are consistent with a bilateral radiculopathy. The EMG is consistent with a unilateral radiculopathy. The physical exam is consistent with a unilateral radiculopathy. In general, the history and objective findings don't correlate. In addition, the MRI does not show anything significant. For these reasons, the reviewer cannot find medical necessity at this time for Outpatient caudal ESI at L5-S1.

**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)