

US Decisions Inc.

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:

Bilateral repeat pars injection

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

M.D., Board Certified in pain management and anesthesiology under the 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

Official Disability Guidelines

11/4/10, 11/12/10

Back Institute 8/11/10-10/26/10

Health Center for Diagnostics & Surgery 7/16/10-10/14/10

PATIENT CLINICAL HISTORY SUMMARY

This is a male patient injured while working on xx/xx/xx. At the 10/26/10 office visit the patient complained of "severe pain in his lower back with some pain in his leg." The leg pain is described on 9/1/10 as radiating "along the lateral aspect of his right thigh and slightly into the anterior aspect of his right tibialis anterior, feels into the dorsal aspect of his right foot." The patient received a right L5 pars injection on 8/6/10. On 8/11/10, it was noted that "he did not get any relief of his pain. He states that his pain actually increased status post that injection." A CT myelogram from 10/14/10 was significant for "grade I spondylolisthesis at L5-S1 related to bilateral pars defects. Physical exam on 9/28/10 is significant for a "dropped Achilles reflex on the right" and a positive straight leg raise on the right. At this office visit, a CT myelogram and EMG was recommended. On 10/26/10, Dr. states, "I definitely believe that repeating the pars injections is definitely something worthwhile to see if this will rid him of his back pain."

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

The ODG does not specifically discuss pars injections. In general, however, the guidelines do not recommend repeating injections for therapeutic reasons if the first injection was not beneficial. Based on the fact that the goal of the pars injection is to "rid" this patient of his

back pain, the request for a repeat pars injection is for therapeutic reasons. There is no reason to believe that this injection would help the second time if it did not work the first time. The reviewer finds that medical necessity does not exist for Bilateral repeat pars injection.

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)