

Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/08/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar ESI 62311, 72275, 99144

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

M.D., Board Certified Orthopedic Surgeon

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

The 11/2/10, 11/11/10

Official Disability Guidelines

OR lumbar spine films: 12/20/01

Lumbar myelogram: 10/21/04

Post myelogram CT Scan: 10/21/04

Operative Reports: 12/20/01, 05/26/05

Extraforaminal steroid injection Report: 01/19/05, 03/16/05

Dr.: 03/02/01, 04/04/05, 05/18/05, 06/13/05, 08/31/05, 09/26/05, 10/31/05, 02/03/06, 05/25/06, 11/20/06

Dr.: 06/13/01, 07/25/06, 11/16/06, 12/14/06, 01/25/07, 03/22/07, 06/19/07, 07/31/07, 09/11/07, 10/09/07, 11/20/07, 12/14/07, 01/03/08, 01/30/08, 04/29/08, 10/30/08, 12/17/08, 06/11/09, 12/08/09, 12/29/09, 03/30/10, 06/28/10, 10/11/10, 10/27/10

Dr.: 02/15/05, 03/28/05, 01/18/06, 01/26/06

FCE: 03/08/06

Dr., OV: 03/13/06

DC: 04/14/06

MRI lumbar spine: 10/15/10

Peer Review: 11/02/10, 11/11/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who sustained a work related injury to her low back on xx/xx/xx.

The claimant underwent a bilateral hemilaminectomy at L5-S1 with decompression of the S1 nerve roots bilaterally, posterior fusion at L5-S1 and internal fixation using translaminar facet screws on 12/20/01. Postoperatively she had 2 extraforaminal steroid injections to her L5 nerve root. She underwent removal of internal fixation at L5-S1, exploration of the fusion mass, left L4-5 revision laminectomy, discectomy with foraminotomy at L5-S1 and

decompression of L5-S1 nerve roots on 05/26/05. The claimant was treated with medications and a spinal cord stimulator, which was removed because it did not help. When the claimant saw Dr. on 06/28/10 her leg symptoms were gradually getting worse. She had taken 2 Medrol Dose Paks, which were only minimally helpful. On examination, she had a slightly antalgic gait, decreased extensor hallucis longus strength on the left, as compared to right, decreased sensation involving her lower left extremity, 1/4 patellar reflex on the left and 3/4 on the right and her Achilles reflexes were symmetrically absent. An MRI of her lumbar spine on 10/15/10 showed a mild broad-based disk bulge, minimal bilateral facet osteoarthritis and ligamentous thickening at L3-4. These combined to produce mild ventral effacement of the thecal sac, AP dimensions of the spinal canal measured approximately 11 millimeters.

There was narrowing of the lateral recesses bilaterally with mild bilateral neural foraminal narrowing noted. There were postoperative lumbar spine with left laminectomy at L5 and L5-S1 fusion and multilevel disc degenerative disease and facet osteoarthritis with moderate spinal canal stenosis noted at L4-5. Dr. recommended an epidural steroid injection at L3-4. This was non-certified by a peer review on 11/02/10 as Dr. had indicated he wanted this done because of the MRI findings but did not specify what findings to which he was referring. He also had not indicated if there was to be any post injection therapy. It was noted that the claimant had not had any recent conservative treatment. In a handwritten note, at the bottom of the 10/27/10 office note, Dr. indicated that the injection was for the disc bulge at L3-4 level. He stated that he wanted 2 post-injection physical therapy visits. The request for the epidural steroid injection at L3-4 was again non-certified in a peer review dated 11/11/10 because there was no documentation to indicate that there was a recent diagnostic assessment which revealed the presence of any findings worrisome for a compressive lesion upon any of the neural elements in the lumbar spine. There also was no documentation to indicate that there had been a significant positive response to past attempts at therapeutic injections and therefore medical necessity was not established.

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

The requested epidural steroid injection is medically necessary based on the information reviewed. This claimant has lower back and left leg pain, with reported symptoms into the thigh. The claimant has a diminished patellar reflex. An MRI of the lumbar spine on 10/15/10 showed disc bulging facet arthritis at L3-4 with reports of narrowing of the lateral recesses bilaterally. An epidural steroid injection would therefore appear medically necessary as the claimant has failed other conservative care and it may help both diagnostically to confirm that her pain is coming from the L3-4 level, and help her therapeutically given the course of corresponding symptoms and MRI findings. The reviewer finds there is medical necessity for Lumbar ESI 62311, 72275, 99144.

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)