

SENT VIA EMAIL OR FAX ON
Dec/21/2009

Independent Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/18/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar epidural steroid injection L4/L5

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

Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

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

OD Guidelines

Denial Letters 10/20/09 and 10/26/09

Peer Reviews 10/16/09 and 10/22/09

Dr. 8/17/09 thru 11/23/09

Radiology Reports 9/10/09 and 9/22/09

Clinic 10/10/09

Rehab 10/9/09

PATIENT CLINICAL HISTORY SUMMARY

This is a man injured on xx/xx/xx. He had back pain and leg pain. Dr. wrote in his appeals that this man had pain in the right L4/5 distribution. Dr. wrote that there was deflection of the L5 nerve root. The MRI described small disc protrusions at L2/3, L4/5 and L5/S1 without description of nerve root compression. There was reported positive SLR, but the medical examinations were checked with normal motor and sensory examination. The man was improving and a second ESI was requested. The first was performed on 9/22/09, but the Reviewer could not determine the level. It is not clear if this helped more than a few days. Dr. said he was improving.

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

The ODG accepts the role of ESIs in conjunction with physical therapy for the management of radiculopathy. He did not tolerate the therapies after the ESI. None of the records describe any dermatomal distribution of the sensory complaints until Dr. wrote this in the letter of appeal. Further, Dr. and Dr. did not describe any neurological loss. There was the positive SLR. The ODG requires that there be objective findings of a radiculopathy based upon the AMA Guides. Radiological findings alone are insufficient to establish a radiculopathy. There were no physical findings to support the presence of a radiculopathy. Further, a second ESI can be approved if there is 50% or more of relief lasting 6 weeks or more. It is now nearly 3 months post injection. The Reviewer did not see that he had the required amount of relief. Without this information, a repeat ESI cannot be justified at this time.

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)