

SENT VIA EMAIL OR FAX ON
Dec/28/2009

Independent Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/22/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

right lumbar transforaminal epidural steroid injections (ESI) L3

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 11/25/09 and 11/17/09
IRO Response 12/5/09
xxxxxx 3/25/06 thru 11/19/09
Dr. 8/12/09
CT Lumbar 4/30/08
CT Cervical 4/20/08
OP Report 6/23/09

PATIENT CLINICAL HISTORY SUMMARY

This woman reportedly was injured in xx/xx/xx. The details are not available. The CT myelogram reported a fusion was done in 2004 from L4 to S1. It was solid on the CT myelogram in 4/08. The study showed mild stenosis at L3/4 with possible right and left L3 root compromise. She underwent a right L3 transforaminal ESI on 6/3/09. The Reviewer does not have any follow up note until 8/11/09. She reported the pain was a "little better." The Pain scores on 8/11/09 gave an average pain of 4/10 with it being 7 at its worse. The most recent pain score provided before the injection was 5/08, a year earlier. The average pain was 4 and the worse pain was a 6. This did not document success. Prior reviewers noted significant pain relief that lasted only a few weeks after the ESI.

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

Epidural injections are justified, per the ODG provided there is a documentation of a radiculopathy. This includes a dermatomal distribution of the pain. Although none was specifically written, the pain drawing suggests a right L3/4 pattern. It varied at different times. Further, there must be radiological and clinical findings to support the diagnosis of a radiculopathy. The requirements from the AMA Guides includes abnormal neurological examination, sensory, motor, reflex, atrophy or electrodiagnostic). There was no neurological examination described on any of the records provided. Therefore, although she may have radicular symptoms, the criteria for making the diagnosis of a radiculopathy has not been made. The prior ESI was not performed with the necessary physical therapies (active rehab efforts). Further, repeat ESIs are permitted only if there is adequate pain relief (50-70% for a sufficient length of time (6-8 weeks). This period of relief was not documented. Based upon these criteria, the Reviewer cannot justify an ESI 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)