



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)

MEDWORK INDEPENDENT REVIEW WC DECISION

DATE OF REVIEW: 01/20/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

ESI L5-S1 caudal approach with epidurography

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

Texas State Licensed MD Board Certified Anesthesiology & Pain Management physician

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Texas Dept of Insurance Assignment 01/04/2010
2. Notice of assignment to URA 01/04/2010
3. Confirmation of Receipt of a Request for a Review by an IRO 01/04/2010
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 12/31/2009
6. Letter 12/1/09, 11/11/09
7. Medical Notes 12/28/09, 11/20/09, 11/4/09, 10/1/09, Radiology Report 9/15/09, Medical Notes 9/8/09, 8/20/09, 8/4/09, Radiology Report 7/31/09, Medical Notes, 7/7/09, 5/29/09
8. ODG Treatment Guidelines were provided by the URA

PATIENT CLINICAL HISTORY:

This patient is status post injury to the low back. The patient still has low back pain that radiates into the bilateral legs. The patient, on physical exam, has decreased range of motion in the lumbar region, has a positive straight leg on the left side, and has decreased sensation in the left L5 dermatome. MRI shows neural compression at L4-L5 and L5-S1, and there is stenosis at L4-L5 with a central disk at L5-S1. Patient is also status post an epidural steroid injection in the past that only gave the patient 10% pain relief after the epidural steroid injection.



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

Referring to the Official Disability Guidelines' chapter on low back pain, it states that repeat injections can be done if the patient was to receive greater than 50%-70% pain relief for a time of 6-8 weeks. Patient only got 10% pain relief. The records reviewed do not support the medical necessity of this request. Based on the Official Disability Guidelines, the previous adverse determination is upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE
- 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)