

SENT VIA EMAIL OR FAX ON
Jan/18/2010

Applied Resolutions LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/18/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Selective Nerve Root Block 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 11/23/09 and 1/6/10
Dr. 5/28/09 thru 1/4/10
Regional Medical 8/5/09
Electrodiagnostic Lab Report 6/25/09
Radiology Reports 1/24/04, 4/7/04, 1/29/04, 12/28/06
Ortho Consult 1/11/05
Advantage 7/24/09
Dr. 7/28/09
Dr. 8/13/09 and 11/10/09

PATIENT CLINICAL HISTORY SUMMARY

This man reported was injured in xx/xx/xx. He subsequently underwent a discectomy in 2004 and a stimulator in 2008. He developed ongoing left lower extremity pain with coolness and hyperalgesia. He had a left L3 sympathetic block that helped for a few weeks in July 2009. An EMG showed chronic without acute left I5 radiculopathy. The radiological studies showed severe lateral recess stenosis at I5 with a disc protrusion at L4/5.

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

The man has chronic problems. He received transient relief for treatment of RSD. The ODG

considers this a diagnostic procedure, but Dr. is considering this as both a diagnostic and therapeutic one. The "chronic L5" findings on the emg did not negate the possibility of a sensory radiculopathy/radiculitis, that has no emg changes. The clinical presentation and the radiological findings are consistent with the L5 radiculopathy. Other treatments did not help. He had the prior spinal surgery. The procedure may help identify the radicular pain from the possible RSD. This justifies the single 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)