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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jan/13/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Epidural Injection L3-4

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

M.D., Board Certified, Orthopedic 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

ODG Guidelines and Treatment Guidelines, Criteria for the use of Epidural Steroid Injections
Adverse Determination Letters, 11/30/09, 12/18/09
Back and Neck 12/2/09, 10/30/09
DC, ACP 6/9/09
Physicians Record 6/23/09

PATIENT CLINICAL HISTORY SUMMARY

This claimant is a male who reports pulling a chart of sheetrock on xx/xx/xx and sustained low back pain. Medical records available for review report that the injured employee underwent an epidural steroid injection in May 2009. The patient was treated by Dr. on June 23, 2009 with continued low back pain only. Examination documented negative straight leg raising test. An MRI of the lumbar spine was performed July 10, 2009. The report was not available for review but was noted to show central disc herniation at L4-L5 with moderated spinal canal stenosis. By October 30, 2009, the claimant continued treatment with a home exercise program and ibuprofen.

On the last follow-up examination by Dr. on December 2, 2009, the claimant still had back pain rated 3/10 and 8/10 after working. Numbness and tingling were reported in both legs with radiation down the right leg to the lower leg. Examination documented pain with flexion and extension of the lumbar spine. Both lower extremities were neurologically intact, with positive bilateral straight leg raise testing, and diminished reflex in the left ankle.

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

The Peer reviewed Official Disability Guidelines state that criteria for consideration of treatment using epidural steroid injection must include unequivocal evidence of radiculopathy and that objectified evidence must be present on examination.

The clinician has failed to document such unequivocal evidence of clinical radiculopathy in

this claimant. The injured employee has no documented muscle atrophy and no loss of reflex in the lower extremities. Therefore, The claimant has not met criteria for epidural steroid injection treatment under ODG outlined treatment guides. Finally, there was no MRI report available for review. The medical notes indicate that the pathology is at L4-L5, yet the request for epidural steroid injection is at L3-L4. Based on the information made available for this review and the ODG, the reviewer finds that medical necessity does not exist for Lumbar Epidural Injection L3-4.

ODG, Low Back (Updated 12/30/09)
Criteria for the use of Epidural steroid injections

Note: The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit

(1) Radiculopathy must be documented. Objective findings on examination need to be present. For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383. (Andersson, 2000)

(2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)

(3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance

(4) Diagnostic Phase: At the time of initial use of an ESI (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections

(5) No more than two nerve root levels should be injected using transforaminal blocks.

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)