

# US Resolutions Inc.

An Independent Review Organization  
1115 Weeping Willow  
Rockport, TX 78382  
Phone: (512) 782-4560  
Fax: (207) 470-1035  
Email: manager@us-resolutions.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Jul/05/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Translaminar ESI #2 at L4-5 with fluoroscopy

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

M.D., Board Certified in Pain Management and Anesthesiology  
American Board of Anesthesiologists

**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, Low Back, Epidural Steroid Injections  
Adverse Determination Letters, 5/3/10, 6/4/10  
4/26/10, 4/9/10, 3/17/10  
2/18/10, 2/11/10, 2/10/10, 2/1/10, 1/28/10, 1/27/10, 1/25/10,  
1/22/10, 1/21/10, 2/26/10

**PATIENT CLINICAL HISTORY SUMMARY**

This patient has a history of "some back pain but primarily it is the pain that is going down his left leg that is bothersome." "The pain is primarily on the outside of the thigh and then comes crosses at the knee and goes down in an L4 fashion." The patient received a L4-5 "translaminar epidural steroid injection" (TLESI) approximately 2 weeks prior to the 4/26/10 office visit. The patient reported that "he really cannot remember having any relief immediately afterwards but he did know that the next day he felt some better." There is no mention of what percent pain relief the patient received, how long the pain relief lasted, or whether the patient was able to increase his function.

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

Per the ODG, If after the initial block is given "and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be required." In addition, the ODG states that "repeat injections should be based on... functional response." Based on the

patient's history described above, none of these criteria have been met. The reviewer finds that medical necessity does not exist at this time for Translaminar ESI #2 at L4-5 with fluoroscopy.

**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)