SENT VIA EMAIL OR FAX ON
Jun/05/2010

IRO Express Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jun/05/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
L-ESI @ L3/4, L4/5, L5/S1

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

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Office notes, Dr., 03/28/08, 06/11/09, 03/15/10
Office note, FNP, 06/10/09
EMG, 07/15/09
Office notes, Dr. 07/21/09, 08/10/09, 10/06/09, 01/04/10, 02/02/10, 04/28/10, 01/04/10, 05/12/10, 06/03/10
Operative report, Dr. 07/27/09, 09/21/09, 12/21/09
Office note, Dr. 07/30/09, 10/30/09
DDE, Dr., 03/18/10
Peer review, Dr. 05/03/10
Letter, Dr. 05/05/10
Office note, Dr. 05/12/10

PATIENT CLINICAL HISTORY SUMMARY
This is a female with complaints of chronic low back pain dating back to xxxx. Reportedly, an MRI from 2002 showed mild degenerative anterolisthesis at L4-5, subligamentous disc protrusion with right lateralization at L5-S1 and a bulge at L3-4 with congenital foraminal stenosis. The claimant was treated with bilateral transforaminal epidural steroid injections at L3-4, L4-5 and L5-S1 on 07/27/09 and 09/21/09. On 10/06/09, the claimant reported that the epidural steroid injections helped and that she was not taking pain medication as frequently

as she was before the injections. On 12/21/09, the claimant underwent transforaminal epidural steroid injections at L3-4, L4-5 and L5-S1 and bilateral L4-5 facet joint injections. On 01/04/10, Dr. evaluated the claimant. The claimant reported 100 percent relief of symptoms. Examination revealed negative straight leg raise bilaterally, mild tenderness to the bilateral buttock area, and sensory loss at L4, L5 and S1 dermatomes on the left. Dr. evaluated the claimant for a designated doctor's examination on 03/18/10 and recommended no further treatment. On 04/28/10, the claimant reported falling on 03/29/10 for an exacerbation of her pain. The examination was unchanged. Diagnosis was chronic low back pain and muscle spasm. Dr. has recommended epidural steroid injections at L3-4, L4-5 and L5-S1.

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

The requested left epidural Steroid Injection at L3/4, L4/5, L5/S1 is not medically necessary based on review of this medical record. This is a person who has had ongoing back and leg complaints over time. They had a 07/15/09 EMG documenting multilevel nerve root abnormalities, they have been under the care of Dr. who performed bilateral transforaminal epidural steroid injections at L3/4 and L4/5, L5/S1 on 07/27/09, 09/21/09, and 12/21/09 with reported good improvement. The more recent medical records of Dr. document progressive pain and they would like to proceed with recurrent injections. The most recent records of 02/02/10 document a physical examination that stays the same, the 03/15/10 office visit of Dr. indicates there is no neurologic abnormality, the 03/18/10 office visit of Dr. indicates some questionable sensation changes to the left thigh, and the 04/28/10 office visit of Dr. indicates that her physical examination is the same, none of these records clearly document ongoing neurologic deficit or radicular abnormal positive physical findings. ODG Guidelines document the use of epidural steroid injections at either 1 inter laminar level or 2 nerve root levels, but these are done on claimants who have documented radiculopathy to include true neurologic abnormality. In this case there is no ongoing documentation in the more recent medical records of true neurologic abnormality, plus they are asking for three foraminal levels at the same time, both of these fall outside of the ODG Guidelines.

Therefore based on these medical records the requested epidural steroid injections are not medically necessary.

Official Disability Guidelines Treatment in Workers' Comp 2010 updates, chapter low back, epidural steroid 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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)