

SENT VIA EMAIL OR FAX ON
Jun/15/2010

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jun/15/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral L4 Transforaminal Epidural Steroid Injection with Epidurogram

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 5/13/10 and 5/26/10

FOL 6/8/10

Dr. 4/14/10 thru 4/26/10

CT Lumbar Spine 3/30/10

Myelogram Lumbar 3/30/10

2/23/10 thru 3/22/10

PATIENT CLINICAL HISTORY SUMMARY

This woman developed LBP on xx/xx/xx. The pain was reported as being radicular going to both buttocks and the thighs. The examination showed bilateral absent knee and ankle jerks, positive Kemp and slump signs and right SLR. The MRI showed an annular fissure at L4/5 and some degenerative changes at other levels. The CT myelogram described minimal disc bulges at L3/4 and L4/5 without nerve root compression. Dr. felt the pain generator was not clear and wanted to try ESIs and possible facet blocks in stages.

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

The first question is if there is a radiculopathy. There is description of pain down both buttocks and thighs, but not in any specifically identifiable nerve root distribution. There is no distribution of sensory loss in any nerve root pattern. The neurological exam was normal except for bilateral reflex absence without any asymmetrical loss as required in the AMA Guides. There was no emg provided to support the evidence of a radiculopathy. There is no atrophy. The radiological exams do not explain the presence of a radiculopathy. In absence of any evidence to support the diagnosis of a radiculopathy, the medical necessity for an ESI is not substantiated.

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)