

# I-Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Jul/05/2010

**IRO CASE #:**

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

ODG Lumbar ESI x3 62311 in office

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

M.D., Board Certified in Anesthesiology and Pain Management by the 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**

Texas Mutual Utilization Review Findings, 5/7/10, 6/7/10  
Memorial Hospital 1/11/10  
Clinic 2/10/10, 2/23/10, 4/29/10  
ODG-TWC

**PATIENT CLINICAL HISTORY SUMMARY**

This patient has a history of back pain that "radiates down the left leg much more than the right leg, all the way down to the foot." The patient received an interlaminar epidural steroid injection (ILESI) at the L4-5 interlaminar space on 2/23/10. On 4/29/10, it was reported that the patient received "reasonable relief" from the ILESI. It is noted that the patient's pain level decreased from a 10 to a 6.5 "after the injection." That would be 35% pain relief. The exact time period in which this occurred and how long the pain relief lasted is not mentioned. There is also no mention of any increase in function after the ILESI.

**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." The patient experienced 35% pain relief. In addition, the ODG states that "repeat injections should be based on... functional response." The functional response of the patient was not discussed in the notes I reviewed. Additionally, ODG does not support the use of a "series of three" injections, as is requested in this patient's case. Based on the patient's history described above, the ODG criteria for additional injections has not been satisfied. The reviewer finds that medical necessity does not exist for ODG Lumbar ESI x3 62311 in office.

**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)