

# Becket Systems

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:**

64483 Transforaminal Epidural Steroid Injection Lumbar at Left L/4;  
64484 Addtl Level L/5;  
77003 Fluoroscopy;  
01992 Anesthesia

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

M.D., Board Certified Anesthesiologist

**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)

The reviewer finds that medical necessity exists for 64483 Transforaminal ESI lumbar at Left L4. The reviewer finds that medical necessity does not exist for 64484 Transforaminal ESI lumbar at Left L5. The reviewer finds that medical necessity exists for 77003 Fluoroscopy and 01992 Anesthesia.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

ODG-TWC

The Spine Journal 10 (2010) 388-395

5/25/10, 6/8/10

Comprehensive Pain Management 10/30/09, 5/12/10

Evaluators 10/26/09

Spine and Rehab 11/24/08 to 7/27/09

Health & Medical 5/8/09

Center 6/2/08, 6/7/08, 7/1/08

Radiology Associates 6/2/08, 10/26/09

Consulting 4/2/09

D.O. 11/12/09

Physical Therapy 11/2/09

**PATIENT CLINICAL HISTORY SUMMARY**

This patient has a history of pain located in the “low back, bil legs, left is the worst.” Physical therapy, home exercises, TENS, and medication management have been used for treatment. The patient has not responded well to these treatments. An EMG/NCV from 5/8/09 showed evidence of “an active denervation/reinnervation process involving the left L4 nerve root” and “acute denervation processes involving the bilateral S1 nerves.” A lumbar spine MRI from 9/30/08 was significant for a “left paracentral disc protrusion without extrusion that impresses upon the thecal sac.” It also “shows effacement, abutting against the exiting left nerve root of -4.”

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

Per the ODG, in order to consider an ESI appropriate, the patient should “initially (be) unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In addition, the ODG states that, “radiculopathy must be documented.” The EMG shows evidence for a left 4 and bilateral S1 radiculopathy. The MRI has findings that could explain a left L4 radiculopathy. The request is for a left L4 and L5 transforaminal epidural steroid injection (TFESI). There is no evidence, based on the ODG that justifies a left L5 TFESI. However, the request for a left L4 TFESI is considered necessary per the ODG.

The reviewer finds that medical necessity exists for 64483 Transforaminal ESI lumbar at Left L4. The reviewer finds that medical necessity does not exist for 64484 Transforaminal ESI lumbar at Left L5. The reviewer finds that medical necessity exists for 77003 Fluoroscopy and for 01992 Anesthesia.

**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)