



## Medwork Independent Review

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### *NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)*

03/17/2010

#### *MEDWORK INDEPENDENT REVIEW WC DECISION*

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**DATE OF REVIEW: 03/17/2010**

**IRO CASE #:**

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

Outpatient bilateral selective nerve root block at L5-S1

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

Texas State Licensed MD Board Certified Anesthesiology & Pain Management physician

**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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Texas Dept of Insurance Assignment to Medwork 02/25/2010
2. Notice of assignment to URA 02/25/2010
3. Confirmation of Receipt of a Request for a Review by an IRO 02/24/2010
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 02/23/2010
6. Forte letter 02/11/2010, 01/27/2010, peer review 12/11/2009
7. Progress report 02/03/10, pre-auth rqst 03/10/10 & 02/04/10, medical note 01/20/10, follow up note 01/11/10, referral 01/11/10, MRI 12/21/09, follow up note 11/19/09, eval 10/08/09
8. TDI forms 01/11/10, 11/19/09, 10/08/09
9. ODG guidelines were not provided by the URA,

**PATIENT CLINICAL HISTORY:**

The patient is status post injury on xx/xx/xx from a lifting injury. The patient still has low back pain that radiates into the legs and the feet and there is numbness in both legs. On physical exam



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there are positive straight leg raises, left greater than right, with pins and needles. Strength is 4/5 bilaterally in the lower extremities, and there is tenderness and decreased range of motion of the low back. Patient was on the medication Tramadol. MRI shows a postoperative L4-L5 compression with fusion and a disc bulge at L5-S1 with bilateral S1 nerve root compression. Patient is status post fusion on September 3, 1993, and has had epidural injections in the past in 2004 with good relief.

### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

Referring to the Official Disability Guidelines chapter on low back pain, states that radiculopathy must be documented for a nerve root injection to be done. The patient does have pain into the legs, radicular-type pain. He does have sensory deficits, has numbness in both legs. The patient does have motor deficits and decreased range in both legs. The MRI shows disc bulge with S1 nerve root compression; therefore, this patient does meet the criteria for having radiculopathy and the decision to uphold the requested outpatient bilateral selective nerve root block at L5-S1 is overturned.

### **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE
- 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)