



Notice of Independent Review Decision

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 04/22/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Bilateral L4-L5 Transforaminal ESI w/Fluoroscopy

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

Board Certified in Physical Medicine & Rehabilitation

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.

Bilateral L4-L5 Transforaminal ESI w/Fluoroscopy - UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MRI of the Lumbar Spine, M.D., 08/06/09
- Evaluation, D.C., 10/02/09
- Evaluation, M.D., 12/08/09
- Evaluation, M.D., 01/11/10
- Rapid Assessment of Drug Adherence Report, Laboratories, 01/11/10
- Denial Letter, 02/03/10
- Pre-Authorization, Dr. 02/16/10
- Correspondence, Dr. 03/10/10
- Denial Letter, 03/16/10, 03/30/10
- Pre-Authorization Request, Dr. Undated
- The ODG Guidelines were not provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient suffered a slip and fall injury, twisting his lumbar spine with pain felt immediately. An MRI indicated multi-level disc bulging and shallow left L4-L5 foraminal disc protrusion contributing to neural foraminal stenosis. Lumbar thecal sac narrowing on a congenital basis with mild relative spinal canal stenosis at L2-L3 and L3-L4 was noted as well. The patient was started on a conservative line of treatment, including physical therapy, pain management consultation, muscle relaxants, anti-inflammatory agents and a TENS unit. He was removed from the unnamed muscle relaxant and placed on Skelaxin 800 mg three times per day. A Bilateral L4-L5 transforaminal Epidural Steroid Injection (ESI) was requested.

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

The records available for review do not document the presence of any neurological deficits on physical examination. The described mechanism of injury would not be expected to result in the development of a compressive lesion upon any of the neural elements in the lumbar spine. Thus, based upon the records available for review, there would not appear to be a medical necessity for treatment in the form of a bilateral L4-L5 transforaminal epidural steroid injection. There is a lack of consistent findings on documented physical examination to support the presence of an active lumbar radiculopathy. Additionally, a lumbar MRI scan obtained after the date of injury did not reveal any findings definitively worrisome for a compressive lesion upon any of the neural elements in the lumbar spine. Hence, based upon the records available for review, per criteria set forth by Official Disability Guidelines for the described medical situation, medical necessity for treatment in the form of a bilateral L4-L5 transforaminal epidural steroid injection would not appear to be established in this specific case.

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 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)