

SENT VIA EMAIL OR FAX ON
Apr/13/2010

True Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/06/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Follow up office visit

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 2/3/10 and 2/24/09
Workers Comp Eval 10/26/05
12/21/05
ESI Reports 12/15/04 and 11/12/04
MRI 3/11/04
Radiology Report 3/5/04
Pain Consultants 11/16/06
Dr. 7/18/06
Letter from Patient 2/8/10
IRO Decision 11/18/07

PATIENT CLINICAL HISTORY SUMMARY

This is a woman reportedly injured when she slipped and landed on her buttocks. She developed pain and was reportedly in a chronic pain program in 2004. She has ongoing pain in her left back and down the left leg. There was an EMG performed in 2005 that showed soft signs of an L5/S1 radiculopathy. She had not improved with prior ESI changes in November and December in 2004. The MRI done in 3/04 showed degenerative changes of neuroforaminal stenosis (worse at L5/S1) and multilevel disc protrusions and herniations. Dr. performed an RME in July 2006. He cited a second MRI in 2005 that showed disc herniations. He found no neurological loss on his exam. Dr. saw her in 1/06 and advised an ESI. Apparently there is a peer review not provided that occurred in 2006 that stated no further treatment is advised.

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

The pain drawing from 1/16/06 is consistent with a radiculopathy. The osseous degenerative changes take years to develop and were preexisting. There was no back pain before the fall, therefore the preexisting changes were asymptomatic prior to the fall. The fall may have compressed the left L5 or S1 nerve roots. The pain drawing is consistent with an L5/S1 radiculopathy (although not specific to a single dermatome). The EMG findings were "soft" findings for a radiculopathy. Not all radiculopathies are necessarily related to disc herniations. Foramenal encroachment is a possible cause especially after a fall. She had 2 ESIs, but unfortunately, Dr. did not describe the technique (transforaminal or translamina) used. The ODG advises the transforaminal approach. The ODG in turn allows ongoing medical visits "based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." The goal is to be weaned from medical care. She remains symptomatic. The ODG states it does not recommend the number of visits, but rather the procedures. There is nothing provided to describe excessive office visits. Since she remains symptomatic, appropriate care can be continued, provided it is not excessive. The ODG states individual treatment options (including therapy, chiropractic care and ESIs) are subject to their own justification. As such, the request is medically necessary.

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)