

C-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Nov/12/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bil L5 TF epidurogram & TF ESI 64486 62311 62284

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

M.D., Board Certified in pain management and anesthesiology under 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

Official Disability Guidelines
Workers' Comp Services 8/27/10, 9/8/10
Carrier Submission 10/28/10
M.D. 8/24/10 to 8/30/10
Health System 4/27/10
M.D. 10/19/09
PTT 11/6/09 to 9/28/10
EBME 8/9/10
DO 9/19/10

PATIENT CLINICAL HISTORY SUMMARY

Per the 8/24/10 OV note, the patient has a history of pain that radiates to the left hip and left groin. The patient has failed PT and medication management. The physical exam did not show anything significant. The neurological exam was normal and the straight leg raise exam was negative bilaterally. An MRI from 4/27/10 was significant for degenerative disc disease associated with a posterior annular fissure/tear and diffuse disc bulge at L5-S1. There is no spinal canal stenosis seen.

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

Per the ODG, "radiculopathy must be documented. Objective findings on examination need to be present." The physical exam is normal and does not support objective findings for radiculopathy. In addition, the patient's complaint of pain radiating to the groin is consistent with a L1 or L2 radiculopathy, so an ESI at L5 would not make sense based on the patient's

radicular symptoms. The reviewer finds that medical necessity does not exist for Bil L5 TF epidurogram & TF ESI 64486 62311 62284.

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)