

# Clear Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Oct/25/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
Lumbar ESI at L4-5 including CPT code 62311

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**  
MD, Board Certified in Physical Medicine and Rehabilitation  
Board Certified in Pain Management

**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

Group 8/25/10, 9/23/10  
8/25/10, 9/23/10  
M.D. 8/11/10 to 9/17/10  
Diagnostic Center & Open MRI 7/20/10  
Diagnostic, LLC 9/8/10  
Official Disability Guidelines, ESI

### PATIENT CLINICAL HISTORY SUMMARY

This is a man reportedly injured on xx/xx/xx. His MRI of 7/20/10 ordered by Dr. showed L5/S1 degeneration with a large pseudobulge at the level. There is possible L5 root compromise by foraminal narrowing. Dr. saw him on 8/11/10 and 9/8/10. He noted back pain that was sharp, shooting and burning without any "particular pattern." The neurological exam did not involve the extremities. The musculoskeletal exam section was blank on both occasions.

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

According to the ODG, there must be a radiculopathy based upon symptoms in a dermatomal pattern in order to recommend an ESI. "Recommended as a possible option for short-term treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) with use in conjunction with active rehab efforts." This was not

described in the records. Next, there is a requirement that there are corroborative findings on the physical exam. These are listed in the AMA Guides. This was not provided. As written, "The presence of findings on a imaging study in and of itself does not make the diagnosis of radiculopathy. There must also be evidence as described above." The presence of a radiculopathy has not been established in this patient's case. Evidence of failed prior treatment was also not provided. Therefore, I cannot find evidence in the record to justify the medical necessity of Lumbar ESI at L4-5 including CPT code 62311.

**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)