



## Medwork Independent Review

5840 Arndt Rd., Ste #2  
Eau Claire, Wisconsin 54701-9729  
1-800-426-1551 | 715-552-0746  
Fax: 715-552-0748  
Independent.Review@medworkiro.com  
[www.medwork.org](http://www.medwork.org)



### *NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Network (WCN)*

**10/07/2010**

#### *MEDWORK INDEPENDENT REVIEW DECISION (WCN)*

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**DATE OF REVIEW: 10/07/2010**

**IRO CASE #:**

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

L5-S1 ESI under fluoroscopy w/IV sedation (62311, 77003)

**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 09/17/2010
2. Notice of assignment to URA 09/17/2010
3. Confirmation of Receipt of a Request for a Review by an IRO 09/17/2010
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 09/14/2010
6. letter 09/14/2010, 08/31/2010, 08/11/2010, pre-auth, medicals 08/30/2010, 08/04/2010, 07/26/2010, 06/29/2010, radiology 10/16/2009
7. ODG guidelines were not provided by the URA

**PATIENT CLINICAL HISTORY:**

The patient is status post injury to the low back on XX/XX/XX. According to the last medical note patient has low back pain that radiates into the buttocks and into the left leg. It is an 8 on a scale of 0 to 10. On physical exam there was tenderness in the low back with a positive straight leg raise. The patient is on Klonopin and Lyrica. The patient has had treatments consisting of



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physical therapy and trigger point injections. MRI, shows that a disc bulge at L5-S1. Review has been requested for L5-S1 ESI under fluoroscopy w/IV sedation (62311, 77003).

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

Refer to the Official Disability Guidelines chapter on low back pain under epidural steroid injection, it states radiculopathy must be documented. There was no documentation of radiculopathy by EMG. There was no nerve root impingement on the MRI. There were no motor or sensory deficits or reflex deficits on physical exam; therefore, the insurer's decision to deny the requested L5-S1 ESI under fluoroscopy w/IV sedation (62311, 77003) is upheld.

### **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)