SENT VIA EMAIL OR FAX ON
Sep/24/2010

True Resolutions Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (214) 717-4260
Fax: (214) 276-1904
Email: rm@trueresolutionsinc.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Sep/24/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Outpatient Bilateral L5/S1 transforaminal lumbar epidural steroid injection with fluoroscopy

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:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Denial Letters 8/11/10 and 8/27/10
Spine Care Consultants 7/29/10 thru 8/19/10
Letter from 9/9/10
Ortho Group 7/7/10 thru 8/16/10
Dr. 7/12/10
MRI 6/25/10

PATIENT CLINICAL HISTORY SUMMARY
LBP without improvement. No neuro loss. SLR seated. HNP on MRI.

L5/S1 mass effect.

This is a man which back and left leg pain after a fall from a ladder on xx/xx/xx. He has pain in the left leg with numbness and radiation into the buttock, thigh and calf (7/7/10) per Dr.. He failed to improve with therapy. Dr. found tenderness and no neurological loss. He wrote, “He has a small degenerative disk protrusion but nothing is going to require surgical intervention. We are going to recommend an epidural steroid injection.” Dr. wrote on 8/16 that there was local tenderness, but an intact neurological exam.

Dr. saw him on 7/29 and 8/19/10. On both visits he described the low back pain with a one-day onset of lower extremity symptoms. He had bilateral pins and needles. His examination showed absent bilateral knee and ankle jerks with a positive right SLR.

The first MRI (6/25/10) showed a disc protrusion at L5/S! with degenerative changes but without L5 compromise. The second opinion of this MRI was that the protrusion was at the

left S1 sleeve.

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

The ODG does accept the role of ESIs in conjunction with therapies for a radiculopathy. This requires “pain in a dermatomal distribution with corroborative findings of a radiculopathy.” The IRO reviewer did not see any specific dermatomal pattern described. Second, the AMA guides require that there by asymmetrical reflex abnormalities to be present. This was not established by either examining physician. Further, neither described a dermatomal sensory loss, and both specifically found no atrophy (the latter may reflect the recent injury rather than a chronic problem.) There is the abnormal MRI. The AMA Guides, which the ODG relies upon states “. The presence of findings on a imaging study in and of itself does not make the diagnosis of radiculopathy.” No electrodiagnostic studies were performed.

In summary, this man has pain and paresthesias, but no objective neurological loss. He has positive SLR by Dr., but that is not accepted by the AMA Guides as evidence of a radiculopathy. He has the MRI disc changes, but the Guides do not accept this in isolation as evidence of a radiculopathy. Without being able to document the presence of a radiculopathy per the ODG and AMA requirements, the request is not 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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)