

I-Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Oct/18/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Selective epidural block L5-S1 left w/trigger point injections and IV sedation

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
Board Certified in Electrodiagnostic Medicine

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

ODG Treatment Guidelines, Criteria for use of ESI

8/11/10, 8/30/10

Network, 7/23/02

Dr. MD, 2/3/04-7/22/10

Laboratories, 9/3/08, 6/30/09

MD, 5/12/09, 7/24/09

MD, 8/5/09

CT Lumbar Spine, 6/22/01

MRI Lumbar Spine, 11/21/00

Letters from Patient, 8/20/10, 8/24/10

PATIENT CLINICAL HISTORY SUMMARY

This is a man injured in a MVA in xxxx. He had a right paracentral disc herniation at L5/S1 at the right S1 nerve root with multiple level disc and vertebral degenerative changes. He underwent an IDET in 2001. He has ongoing pain with reported numbness in the left and right lateral thighs and feet. He had improvement with trigger point injections to the lumbar paraspinal and piriformis muscles in April 2010. Dr. report describes the paresthesias and the local tenderness and limited motion. The exam by Dr. in 2009 described no objective weakness, abnormal or asymmetrical reflexes. He found local tenderness and reduced

sensation along the left and right anterolateral thighs.

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

The ODG criteria for ESI requires the presence of radicular pain that is in a “dermatomal distribution with corroborative findings of a radiculopathy.” In this case there are the complaints of paresthesias and pain in the distal thigh and lateral foot. The objective sensory findings by Dr. run from the L2 to L4 dermatomes, above the roots requested for injection by Dr.. The ODG relies on the AMA Guides to describe the findings for a radiculopathy. Radiological studies do not suffice. There is a requirement for evidence of motor involvement. There were no asymmetrical reflexes, atrophy or weakness. There are no electrodiagnostic studies provided, and no evidence that any were ever done.

Therefore, there is insufficient evidence to support the ODG and AMA criteria for a radiculopathy for ESIs. The ODG requires the description of trigger points that have not been provided in the records. While they may be present they have not been provided and without this documentation the ODG is not satisfied. The reviewer finds that medical necessity does not exist for Selective epidural block L5-S1 left w/trigger point injections and IV sedation.

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)