

Wren Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Apr/03/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient Left L4-L5 Transforaminal ESI with EPI 64483 64484 o/p

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
Adverse Determination Letters, 2/22/11, 3/11/11
MD PA 2/16/11 to 3/14/11
MRI 3/31/10
Imaging 11/16/10
Pain Management 10/14/10
Family Medicine Office/Clinic Note 10/13/10 to 10/14/10
MD 4/6/10
Pain Management 5/10/10
Network 11/9/10
MD, Ph.D., PA 9/1/10

PATIENT CLINICAL HISTORY SUMMARY

Per the 2/16/11 OV note, the patient complains of back pain that radiates to the left hip, left posterior and anterior thigh, left calf and the left foot. The only conservative therapy mentioned on this note is "narcotics." A note from 10/14/10 says that the patient "has tried physical therapy." It is noted that there are no formal physical therapy notes submitted for review. On 2/16/11 the patient is noted to have a "+ left slump for back pain and radiculopathy." An MRI from 11/16/10 is significant for a 5mm broad based disc bulge that creates a moderate central and bilateral neural foraminal stenosis at L4-5. An EMG from 9/1/10 was normal and did not show any abnormalities.

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

Per the ODG, before considering an ESI, the patient should “initially (be) unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).” There is no formal documentation of the patient’s physical therapy treatment. This would need to be reviewed before considering an ESI. Also, anterior thigh pain does not correlate with a lesion at L4-5. This is more consistent with a problem at L2 and/or L3. The ODG states that “radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing.” The EMG does not show any abnormalities. The reviewer finds there is no medical necessity for Outpatient Left L4-L5 Transforaminal ESI with EPI 64483 64484 o/p.

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)