

I-Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Nov/21/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right L4 and L5 transforaminal ESI

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

M.D. Board Certified Physical Medicine and Rehabilitation

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-Treatment for Workers' Compensation

Request for IRO 10/31/11

Utilization review determination dated 10/03/11

Utilization review determination dated 10/20/11

Clinical records Dr. dated 09/22/11, 10/06/11

Treatment records dated 09/09/11

MRI lumbar spine dated 08/10/11

Clinic note Dr. dated 08/22/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who sustained injuries on xx/xx/xx. The heel of her shoe got caught in crack, and she fell down 8 steps. She was seen in local ER and since has had low back and neck pain. She was examined by Dr. Motor strength was 5/5. Reflexes were 1+ and symmetric. Sensory is intact to straight leg raise. Gait was within normal limits. She has positive straight leg raise on right at 30 degrees. Right L4-5 epidural steroid injection is advised. She sought treatment from D.C. She is reported to have been receiving therapy, which has helped. Her neck pain is axial in nature. Low back pain is reported to radiate into right lower extremity. On 08/22/11 she was seen by Dr.. She has tenderness in right and left trapezius. She has had some pain with head compression. There is normal strength in rhomboid, deltoids, biceps, triceps, wrist flexors, wrist extensors. Reflexes were intact. Low back exam showed tenderness in paraspinal muscles right greater than left. She had tenderness in right sciatic notch. She had pain with straight leg raise on right side at 30 degrees. She has normal strength in lower extremities. MRI of cervical spine shows mild disc and facet pathology at C3-4 with reversal of normal cervical lordosis. MRI of lumbar spine shows annular bulge with left paracentral disc herniation at L4-5. Specific nerve root compression was not described.

On 09/09/11 the claimant was seen in follow-up by treating chiropractor. She continues to have moderate pain, stiffness, and muscle aching affecting the cervical thoracic spines with episodes of radiating symptoms, intermediate moderate pain and stiffness with muscle hypertonicity affecting the lumbar spine in paraspinal areas with episodes of radiating symptoms. The record contains an ER report dated 09/30/11. The author reports the claimant had sudden onset of acute symptoms of severe pain affecting the lumbar and cervical spine areas. Sudden onset of acute symptoms started over last 2 days while working under restrictions. She has severe pain and stiffness affecting lumbar spine, intermittent moderate stiffness and pain. She apparently was recommended to undergo epidural steroid injections and lower extremity electrodiagnostic studies. The claimant was seen in follow-up on 10/06/11 and reported to have low back pain radiating into right lower extremity. Range of motion is decreased in flexion / extension and there is evidence of spasms.

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

This woman sustained multiple myofascial injuries as result of trip and fall going down the stairs. She has received chiropractic treatment. She had complaints of low back pain radiating into lower extremities, which are not validated on physical examination. The records as provided do not establish the claimant has active lumbar radiculopathy, which is requisite per ODG guidelines. There is no evidence of motor or sensory loss or loss of relevant reflex. The reviewer finds no medical necessity for Right L4 and L5 transforaminal ESI. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld.

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)