



Medwork Independent Review

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

02/01/2011

DATE OF REVIEW: 02/01/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient transforaminal lumbar ESI (#2) @ right L3-4, L4-5, L5-S1 (64483, 64484)

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 01/12/2011
2. Notice of assignment to URA 01/12/2011
3. Confirmation of Receipt of a Request for a Review by an IRO
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 01/11/2011
6. letter 01/10/2011, 12/08/2010, pre-auth 11/10/2010, medical 11/08/2010, pre-auth 10/07/2010, medical 09/29/2010, op report 10/20/2010, radiology 08/19/2010,
7. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:

Claimant has injury date of xx/xx/xx. Patient has a history of low back pain that radiates into the right leg. It is 7 on a scale of 0-10. On physical exam, there is decreased sensation in the right leg. Positive straight leg in the right leg with decreased range of motion and tenderness in the low back. Patient is Lyrica, Celebrex, and Skelaxin. Patient's MRI shows disc narrowing at L3-L4 and L4-L5. Patient had an epidural steroid injection, on the right side, L4-L5 and L5-S1,



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with some relief. Review request is for outpatient transforaminal lumbar ESI (#2) @ right L3-4, L4-5, L5-S1 (64483, 64484).

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

Referring to the Official Disability Guidelines' chapter on low back pain under epidural steroid injection states under number 7 that repeat injections can be done in the therapeutic phase if patient gets 50% pain relief for greater than 6-8 weeks. The review records do not document such pain relief per the ODG guidelines. The review documentation does not support the requested outpatient transforaminal lumbar ESI (#2) @ right L3-4, L4-5, L5-S1 (64483, 64484) in accordance to the ODG guidelines recommendations; therefore, the insurer's decision to deny 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 KNOWLEDGBASE
- 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)