

Clear Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/14/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 Lumbar epidural steroid injection at L5 to S1

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

PATIENT CLINICAL HISTORY SUMMARY

This is a gentleman who was injured on x/x/xx jumping from a truck. He had ankle pain. Physician noted he began having hip and right leg pain after his second ankle operation. He wrote that this was "not part of the compensable injury." This man subsequently saw physician for an initial assessment in 3/10. Dr described low back pain but not a radicular pain pattern. He felt the man had a radiculopathy. His examination showed positive SLR, but a reduced right ankle jerk and weakened right EHL. The MRI showed disc herniations at L3/4, L4/5 and L5/S1 with bilateral foraminal narrowing at L3/4 and left sided at L5/S1. He reportedly had an ESI on 4/10 and had significant relief from it. Dr. stated the relief lasted 6 months. The therapist wrote on 7/13/10 that he had 25% reduction in his pain. Dr. wrote that his pain is suggestive of a radiculopathy, but did not describe it nor provide a new neurological exam.

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

Dr. has cited that this man had relief of his back pain for 6 months and this justified the request for a second ESI. The indication for the ESI is a radicular pain pattern in a dermatomal pattern. This was not described in any of the notes, nor in the request for the second ESI. The therapist described only 25% relief at 3 months post-injection. A second injection would be justified if there was 50-70% relief for at least 6 weeks. The ODG is quite specific that there be a dermatomal distribution of the pain. This was not provided. The description was back pain and a suggestion of a radiculopathy. The AMA neurological criteria were described in the initial exam. Based upon the information provided and the criteria of the ODG, the reviewer finds there is no medical necessity at this time for 1 Lumbar epidural steroid injection at L5 to S1.

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)