



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)

02/07/2011

MEDWORK INDEPENDENT REVIEW WC DECISION

DATE OF REVIEW: 02/07/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

L5-S1 epidural injection including 62311, 36000, 72100, 72275, 76000, 00630, & Q9966

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 01/18/2011
2. Notice of assignment to URA 01/18/2011
3. Confirmation of Receipt of a Request for a Review by an IRO 01/17/2011
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 01/14/2011
6. Letter 01/11/2011, letter 12/07/2010, review 12/06/2010, letter 12/02/2010, 11/15/2010, review 11/15/2010, review 08/17/2009, Medicals 11/09/2010, 10/08/2010, 10/07/2010, 02/19/2010, 10/16/2009, 09/18/2009, 09/11/2009, 09/10/2009, 08/19/2009, 08/04/2009, Workman's Comp Report 06/29/2009, Medicals 03/26/2009, 03/09/2009, 03/04/2009, 02/23/2009, 02/18/2009, 02/05/2009, 01/22/2009, 01/21/2009, 12/17/2008, 12/09/2008, 12/04/2008, 11/19/2008, 10/01/2008, 09/25/2008, 09/24/2008.
7. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:



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Patient has an injury date of xx/xx/xx. Patient has a history of low back pain that radiates into the legs that is 7-9 on a scale of 0-10. On physical exam, there is tenderness with decreased range of motion in the low back with positive straight leg raises bilaterally and decreased sensation in the left L4 dermatome. Patient is on Ultram and Celebrex. MRI shows disk bulge at L4-L5 and L5-S1. Patient had an epidural steroid injection; unknown percentage of pain relief. Review request is for L5-S1 epidural injection including 62311, 36000, 72100, 72275, 76000, 00630, & Q9966.

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 injections, under number 7 it states that in the therapeutic phase patients are allowed to have repeat injections if the patient gets greater than 50% pain relief for 6-8 weeks. This is not documented in the records reviewed from the previous epidural steroid injection. The review records are not adequate and do not support the ODG recommendations for the requested L5-S1 epidural injection including 62311, 36000, 72100, 72275, 76000, 00630, & Q9966; 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)