



Medwork Independent Review

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

02/24/2011

MEDWORK INDEPENDENT REVIEW WC DECISION

DATE OF REVIEW: 02/24/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar epidural steroid injection (ESI) with IV sedation, contrast and fluoroscopy

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. Assignment 02/10/2011
2. Notice of assignment to URA 02/10/2011
3. Confirmation of Receipt of a Request for a Review by an IRO 02/09/2011
4. Company Request for IRO Sections 1-5 undated
5. Request For a Review by an IRO patient request 02/03/2011
6. Medicals 01/31/2011, Preauth 01/25/2011, Medicals 01/21/2011, 01/11/2011, 01/03/2011, 12/08/2010, 11/30/2010, 11/18/2010, 11/08/2010, 10/26/2010, 10/25/2010, 10/21/2010, 10/07/2010, 10/06/2010, 09/24/2010, 08/03/2010, 07/14/2010, 07/13/2010, 06/08/2010, 06/02/2010, 05/19/2010, 05/18/2010, 05/17/2010, 05/14/2010, 05/12/2010, 05/11/2010, 05/07/2010, 05/05/2010, 05/04/2010, 05/03/2010, 04/26/2010, 04/26/2010, 04/20/2010, 04/16/2010, 04/01/2010, 03/31/2010, Preauth 01/17/2010, follow up 12/16/2009.
7. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:



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The patient has low back pain radiating into the right leg that is 7-8 on a scale of 0-10. On physical exam, there was decreased range of motion with a positive straight leg on the right and decreased sensation at L4-L5 with tingling in the feet. Patient had been on Naprosyn and hydrocodone. MRI showed a disc protrusion at L5-S1. Patient is status post an epidural steroid injection and there is no documentation on how the patient did with that epidural steroid injection. Review request is for lumbar epidural steroid injection (ESI) with IV sedation, contrast and fluoroscopy.

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

The Official Disability Guidelines' chapter on low back pain, under epidural steroid injections states under number 7 that patients in the therapeutic phase are allowed to have repeat injections if the patient gets at least 50%-70% pain relief for 6-8 weeks. Patient is status post an epidural steroid injection and there is not satisfactory documentation presented on how the patient did with that epidural steroid injection. The documentation reviewed is not sufficient and doesn't support the ODG recommendations for the requested lumbar epidural steroid injection (ESI) with IV sedation, contrast and fluoroscopy; 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 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)