

Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/02/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar epidural steroid injection L5-S1

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

M.D., Board Certified Orthopedic Surgeon

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

MRI Lumbar Spine: 10/18/10

Dr. – Exam and EMG/NC study of left lower extremity: 10/18/10

Dr. Office note: 11/09/10

Dr.– Authorization Request: 11/17/10

Peer Reviews/Denial Notices, 11/24/10, 12/20/10

Dr.: 10/25/10, 11/23/10

Dr.: 12/07/10

PATIENT CLINICAL HISTORY SUMMARY

This is a male claimant with a reported low back injury that occurred while at work on xx/xx/xx. His diagnosis is lumbar radicular syndrome, congenital spondylolisthesis, left L5-S1 annular tear and degeneration of the lumbar or lumbosacral intervertebral disc. A lumbar MRI obtained on 10/18/10 revealed degenerative disc disease at L2-3, L3-4, L4-5 and L5-S1 levels with disc space narrowing, spondylosis and disc bulging. There were bilateral pars defects of L5 and L2 and grade 1 spondylolisthesis at L5-S1. The findings were similar to the 10/19/06 exam with the exception of increased degenerative disc disease at the L2-3 level. An EMG/NCS of the left lower extremity completed by Dr. on 10/18/10 revealed no evidence of lumbosacral radiculopathy. Records indicated that the claimant treated conservatively with pain management along with physical therapy and light duty restrictions. The 11/09/10 exam demonstrated decreased patellar reflexes greatest on the left with increased pain on extension. Dr. examined the claimant on 12/07/10 for complaints of low back and left foot pain with objective findings of mechanical low back pain on the left and paresthesias into the left foot. Lumbar epidural steroid injections were recommended.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS

AND CONCLUSIONS USED TO SUPPORT THE DECISION

The reviewer finds that Lumbar epidural steroid injection L5-S1 is not medically necessary under the Official Disability Guidelines in this case. Although there are some imaging abnormalities, they are nonspecific. The most recent electro-diagnostic testing appears normal. There is no specific physical finding to correlate with an isolated nerve root. In short, even though there are subjective complaints, they do not correlate with physical findings or electro-diagnostic findings. Absence of this correlation would not satisfy the Official Disability Guidelines for medical necessity for the proposed Lumbar epidural steroid injection L5-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)