



INDEPENDENT REVIEW INCORPORATED

Notice of Independent Review Decision

DATE OF REVIEW: 01/03/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Caudal epidural steroid injection with lysis of adhesions utilizing fluoroscopy and conscious sedation

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in private practice of Pain Management full time since 1993

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

ODG Guidelines have not been met for epidural steroid injection.

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
722.83	62319		Prosp.						Upheld
722.83	62264		Prosp.						Upheld
722.83	77993		Prosp.						Upheld

INFORMATION PROVIDED FOR REVIEW:

1. Certificate of Independence.
2. TDI Case Assignment.
3. Letters of denial 11/17/10 & 10/20/10, including criteria used in the denial.
4. Pre-authorization forms 10/13/10 & 11/03/10.
5. Operative report 04/07/10 (partially illegible)
6. Orthopedic notes 06/04/02 and correspondence 11/01/01.
7. Pain management notes 01/21/04, 06/17/09, 09/23/09 & 09/30/09.
8. Pain management notes 01/06/10 through 11/01/10.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This individual sustained a work-related injury on xx/xx/xx. Multiple back surgeries ensued. There has been persistent radicular pain in both legs. A previous caudal epidural steroid injection performed on 04/07/10 provided 50% pain relief for three months. This individual also has an implanted spinal cord stimulation system.

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

ODG Guidelines have been met for pain relief, but there is no physical exam in recent notes, therefore, no documentation of radicular findings to support the caudal epidural steroid injection.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)