Advanced Medical Reviews

ACCREDITED EXTERNAL REVIEW

Notice of Independent Review Decision

ER REVIEWER FINAL REPORT

DATE OF REVIEW: 1/14/2011
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Lumbar ESI at L4-L5 and aspiration of synovial cysts at bilateral L4-L5 (62311, 72275026, 20612)

QUALIFICATIONS OF THE REVIEWER:
Anesthesiology, Pain Management

REVIEW OUTCOME:
Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Lumbar ESI at L4-L5 and aspiration of synovial cysts at bilateral L4-L5 (62311, 72275026, 20612) Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Fax page dated 12/28/2010
2. Notice to air analyses by, dated 12/27/2010
3. Notice to utilization by, dated 12/27/2010
4. Notice of assignment by, dated 12/27/2010
5. Notice of assignment by, dated 12/27/2010
6. IRO request form dated 12/22/2010
7. Request form dated 12/20/2010
8. Letter by author unknown, dated 12/14/2010
9. Letter by author unknown, dated 12/14/2010
10. Email note by MD, dated 12/13/2010
11. Request for preauthorization dated 10/28/2010
12. Request for authorization dated 10/28/2010
13. Letter by author unknown, dated 10/4/2010
14. Email note by MD, dated 10/1/2010
15. Script for orders dated 9/21/2010
16. Follow up by PA-C, dated 9/21/2010
17. Recommended for medical treatment dated 9/21/2010
18. Follow up by PA-C, dated 9/21/2010
19. Operative report by MD, dated 8/30/2010
20. Operative report by MD, dated 8/30/2010
21. Follow up by MD, dated 7/27/2010

22. Report of radiological exam dated 6/15/2010
23. Report of radiological exam by MD, dated 5/16/2010
24. Injured worker information dated 5/1/2010
25. Patient profile dated 4/13/2010
26. Patient education by RN, dated 2/2/2010
27. Follow up by MD, dated 2/2/2010
28. Radiology report dated 2/2/2009
29. Lumbar spine dated 3/14/2008
30. Myelography lumbar spine dated 6/12/2007
31. CT L spine by, dated 6/12/2007
32. Follow up by MD, dated 2/26/2007 to 12/23/2009
33. MRI scan dated 2/16/2007
34. MRI scan by MD, dated 2/16/2007

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This is a male who presents with low back pain. According to the follow up by, dated xx/xx/xx , the injured employee had facet injection placed at that time as well. He notes that since that, he has had increased pain in his left lower back radiating down his left leg. He states it is quite unbearable. He has been medication which he notes has been making him nauseous and as well as causing him to feel dizzy. MRI showed disk bulge and annular tear at L5-S1.

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

The documentation does not support signs and symptoms that support nerve root involvement. Documentation does not meet ODG criteria like objective findings supporting radicular symptoms including neurological deficits. There is no documentation supporting initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).

There is conflicting peer review support. Per The American College of Occupational and Environmental Medicine Guidelines there is limited research based evidence to support epidural steroids. Convincing evidence is lacking on the effects of injection therapies for low back pain per the Cochrane Database. The recommendation is to uphold the previous denial.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- **X** 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
- **X** 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)

ODG

Low Back

Epidural steroid injections (ESIs), therapeutic

American College of Occupational and Environmental Medicine Guidelines