

SENT VIA EMAIL OR FAX ON
Jan/03/2011

Independent Resolutions Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (817) 349-6420
Fax: (817) 549-0311
Email: rm@independentresolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/03/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

One (1) outpatient lumbar epidural steroid injection (ESI) at L5/S1

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

Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

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

OD Guidelines

Denial Letters 11/19/10 and 10/26/10

Medical Center Pain Management 11/4/09 thru 11/3/10, OP Report 11/16/09

MRIs 8/20/09 and 6/29/09

Physical Medicine Associates 3/22/10

Dr. 12/10/09 thru 10/11/10

Medical 6/24/09 thru 11/23/10

6/27/09 thru 12/15/10

FCE 11/18/09

Dr. 10/8/09

Ultrasound 9/3/09

DDE 10/15/09

6/10/10

Independent Medical Exam 7/15/10

PATIENT CLINICAL HISTORY SUMMARY

This is a woman injured after slipping on xx/xx/xx. There was a back pain and a right knee

injury. The latter required surgery. She was complaining of back and right lower extremity pain, mainly at the hip, but going to the right foot. The exact dermatome was not performed. An MRI performed on 8/20/09 showed a posterocentral disc herniation at L5/S1. Dr. performed an EMG that failed to show any abnormalities, but he said there was a suggestion of a right L5 radiculopathy. He did not elaborate in his report. The examinations provided showed reduced right ankle jerk (1+) compared to 2+ on the left. There was a positive SLR, but no description of any dermatomal sensory loss other than reduced light touch to the right thigh. Dr. felt this was positive for a radiculopathy and advised that he have a second and possible third ESI. She had an ESI on 11/16/09. The post injection notes describe 80% relief of the pain for 3 weeks and then 70% for 6 weeks. The IRO reviewer could not identify the signature. The pain then worsened.

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

The first requirement is that there be the demonstration of a radiculopathy. This would require a dermatomal pain distribution. This may have been present, but not documented.

The ODG relies upon the AMA Guides for the finding of a radiculopathy. There was no EMG finding of a radiculopathy. There is no muscle atrophy described. There is inconclusive description of motor weakness. If we presume that the radiculopathy was previously established, one would need to discuss the justification for a second ESI.

She had 70% relief for 6 weeks meeting the minimal requirement for a second ESI. The request is medically necessary.

The AMA Guides

“...For reflex abnormalities to be considered valid, the involved and normal limb(s) should show marked asymmetry...”

“Weakness and Loss of Sensation

“To be valid, the sensory findings must be in a strict anatomic distribution, i.e follow dermatomal patterns...Motor findings should be consistent with the affected nerve structures(s). Significant, long standing weakness is usually accompanied by atrophy.”

“Radiculopathy

Radiculopathy for the purposes of the Guides is defined as significant alteration in the function of a nerve root or nerve roots and is usually caused by pressure on one or several nerve roots. The diagnosis requires a dermatomal distribution of pain, numbness, and/or paresthesias in a dermatomal distribution. The diagnosis of herniated disc must be substantiated by an appropriate finding on the imaging study. The presence of findings on a imaging study in and of itself does not make the diagnosis of radiculopathy. There must also be evidence as described above. “

“Atrophy

Atrophy is measured with a tape measure at identical levels on both limbs. For reasons or reproducibility, the difference in circumference should be 2cm or greater in the thigh and 1cm or greater in the arm, forearm, or leg...”

“**Electrodiagnostic verification of Radiculopathy.**

Unequivocal electrodiagnostic evidence of acute nerve root pathology includes the presence

of multiple positive sharp waves or fibrillation potentials in muscles innervated by one nerve root. However the quality of the person performing and interpreting the study is critical. Electromyography should be performed only by a licensed physician qualified by reason of education, training and experience in these procedures. Electromyography does not detect all compressive radiculopathies and cannot determine the cause of the nerve root pathology. On the other hand, electromyography can detect non-compressive radiculopathies, which are not identified by imaging studies.”

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)