

SENT VIA EMAIL OR FAX ON
Jan/13/2011

Independent Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/11/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Caudal Epidural Steroid Injection; Bilateral SI Joint Injection

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

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

OD Guidelines

MRI of the Lumbar spine: 07/01/08

MRI Cervical spine: 08/25/08

Dr. Evaluation: 01/20/09

Lumbar spine 4 views: 05/28/09

Dr. Evaluation: 05/28/09

CoPE Program: 06/30/09, 07/07/09

FCE: 06/30/09

Group 6/27/08 thru 12/28/10

Dr. Consultation: 06/30/09

Dr. MMI/Impairment rating: 04/15/10

EMG/NCV: 06/09/10

Dr., Designated Doctor's Exam: 06/18/10, 09/01/10

Lumbar Myelogram: 10/11/10

Post myelogram CT scan: 10/11/10

Dr., OV: 09/07/10, 11/02/10

Peer Review: 11/10/10, 12/07/10
List of medications: 07/01/08- 10/05/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who sustained a work related injury to her low back on xx/xx/xx. While she was pushing a heavy pallet, she felt an onset of back pain. When Dr. evaluated the claimant on 05/28/09 he was unable to find anything based on examination or imaging studies to suggest that any of the claimant's generalized motor weakness or discomfort was originating from spine pathology. X-rays of her lumbar spine done on that day showed severe degenerative disc changes at L3-4 and moderate degenerative changes at the remaining levels. There were no acute fractures or spondylolisthesis. A functional capacity evaluation on 06/30/09 revealed the claimant's physical demand level to be less than sedentary and showed the claimant scored a total of 9 out of 16 on Waddell's test. The claimant reported that she had had spinal decompression treatments for 2-3 weeks with no improvement and 3 weeks of physical therapy, which made her worse. An EMG/NCV, on 06/09/10, revealed electrophysiological evidence of mild-moderate chronic denervation patterns occurring in the lumbar paraspinal muscle region bilaterally at multiple levels. There was also evidence of mild-moderate chronic denervation patterns as well as some reinnervation occurring in L2-S1 innervated muscles. Those findings coupled with sensory sparing and abnormal tibial H-reflex studies were most likely consistent with a lumbar radiculopathy or stenosis occurring at multiple levels from L2-S1 of mild-moderate severity. An MRI of the claimant's lower back on 07/01/08 reportedly revealed mild leftward mid lumbar scoliosis with a diffuse degenerative disc disease throughout the lumbar spine characterized by 3-5 millimeter disc bulges at all levels and disc height loss at most levels. There were facet osteoarthritic changes noted in the lower lumbar spine and mild neural foraminal narrowing at L3-4 and L4-5 with a 4-5 millimeter disc bulge. The last thing it showed was a non-specific small marrow lesion within L5 vertebral body, which was unlikely, related to degenerative disc disease. The claimant saw Dr. on 06/18/10 for a designated doctor's examination. He felt the claimant had a lumbar strain and had not reached maximal medical improvement. A lumbar myelogram on 10/11/10 showed multilevel annular disc bulging and scattered Schmorl's nodes in the vertebral end plates with disc degeneration, disc space narrowing and end plate sclerosis at L3-4 and anterior spondylosis. There was no central canal stenosis or amputation of the exiting axillary root sleeves. A post myelogram CT on the same day showed degenerative disease of the sacroiliac joint with osteitis condensans ilii, degenerative lumbar facet osteoarthropathy at multiple levels which was mild and not unusual for the claimant's age. There was mild lumbar levoscoliosis. When the claimant saw Dr. on 11/02/10 his impression was that of sacroiliac joint arthritis and L2-S1 degenerative disc and joint disease of the lumbosacral spine. He recommended caudal epidural steroid injection and bilateral sacroiliac joint injections. These were denied by two peer reviews because of inconsistencies in patient's reports that needed to be further evaluated and nothing about the plan of treatment was evidence based or consistent with the Official disability Guidelines.

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

In this case his subjective complaints of pain appear poorly correlated to objective physical examination findings and diagnostic testing. It is not clear that radiculopathy has been confirmed on objective physical examination findings in a dermatomal distribution and thus the IRO reviewer cannot recommend the epidural steroid injection as medically indicated and necessary at this time. Similarly, it is not clear that the patient has recently exhausted conservative care of focused physical therapy program for stretch, strength, range of motion, and modalities or antiinflammatory medications or oral steroid medications, a home exercise program for core conditioning as recommended by the guidelines. With regards to sacroiliac joint injection, there is nothing to document pathology localized to the sacroiliac joints nor confirmation that they have exhausted conservative care for sacroiliac joint inflammation to include physical therapy, antiinflammatory medications, or oral steroids as recommended by the guidelines. The requests cannot be recommended as medically necessary.

Official Disability Guidelines Treatment in Worker's Comp, 16th edition, 2011 Updates. Low Back

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)