

Prime 400 LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jan/14/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
LUMBAR EPIDURAL STEROID INJECTION

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

03/14/00, 07/21/01, 12/19/03, 01/20/05 MRI lumbar spine reports

01/13/03 operative report

04/02/03, 09/09/03, 10/23/03, 12/04/03, 02/10/04, Records of Dr.

11/03/03 office note of Dr.

Records of Dr., 04/08/04, 06/17/04, 08/05/04, 08/10/04, 8/26/04, 09/23/04, 10/21/04, 11/18/04, 01/06/05, 02/10/05, 02/17/05, 03/10/05, 04/07/05, 6/30/05, 09/09/05, 09/16/05.

Records of Dr.

03/01/05 FCE report

06/28/10, 07/16/10, 09/27/10, 11/11/10, office records of Dr.

10/25/10, 11/23/10 peer review reports

PATIENT CLINICAL HISTORY SUMMARY

This is a female who was status post 360 L5-S1 fusion in xxxx. The MRI of the lumbar spine from 01/20/05 showed status post L5-S1 fusion with enhancing granulation tissue surrounding the left S1 root. Dr. evaluated the claimant on 06/28/10 for low back pain and left leg pain. Dr. noted that the claimant had been treated with epidural steroid injection in the past. Lower extremity strength was 5/5. Sensation was intact. Diagnosis was status post discectomy 2003, fusion in 2004, muscular pain, probable osseous component to her pain and probable residual neuropathic pain. Dr. recommended medication, exercises and 1-2 epidural steroid injection. On xx/xx/xx, the claimant reported that her back and leg pain was 10/10. Neuro examination remained intact. A referral to Dr. for a lumbar epidural steroid injection was recommended. Dr. authored an 11/11/10 prescription noting the diagnosis was persistent radicular symptoms in the left lower extremity with left S1 scar/arachnoiditis.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS

AND CONCLUSIONS USED TO SUPPORT THE DECISION

The proposed lumbar epidural steroid injection is not medically necessary based on the records provided in this case. According to ODG Guidelines, radiculopathy must be documented with objective finding on examination. In this case, the neurologic examination by Dr. on 09/27/10 documents no deficits. Strength and sensibility and deep tendon reflexes are intact. In cases of repeat blocks, as there is some documentation of a previous lumbar epidural steroid injection, additional blocks are considered appropriate if the initial block is found to produce pain relief of at least 50 to 70 percent for at least 6 to 8 weeks. In this case there is no documentation of a previous response to an injection, no documentation of radiculopathy. Therefore based on the ODG Guidelines a lumbar epidural steroid injection is not medically necessary.

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)