

SENT VIA EMAIL OR FAX ON  
Jan/24/2011

## Pure Resolutions Inc.

An Independent Review Organization  
990 Hwy 287 N., Ste. 106 PMB 133  
Mansfield, TX 76063  
Phone: (817) 349-6420  
Fax: (512) 597-0650  
Email: manager@pureresolutions.com

### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Jan/20/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Lumbar Transforaminal Epidural Steroid Injection at Left L3 and L4 with Fluoroscopy and Monitored Anesthesia Care by an On-call Certified Registered Nurse Anesthetist (CRNA) between 12/21/10 and 2/19/2011

**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  
Dr. 10/11/10 thru 12/29/10  
OP Report 11/9/10  
Dr. 8/5/10 thru 11/1/10  
MRI 10/28/08  
Denial Letters 11/30/10 and 12/28/10  
PT Notes 8/3/10 thru 8/31/10

#### **PATIENT CLINICAL HISTORY SUMMARY**

This is a woman reportedly injured on xx/xx/xx at work. She developed constant low back pain that went to the lateral thighs. There were no symptoms below the knee. There is a history of prior lumbar ESIs in 11/08 and 7/09. The examinations showed local lumbar tenderness, but no focal neurological deficits. Dr. described normal reflexes, but Dr. found absent knee and 1+ ankle jerks. The MRI on 10/28/08 described a left lateral disc herniation at L3/4 with left lateral stenosis. She had a left L3 and L5 transforaminal ESI on 11/9/10 that reportedly gave 50% relief per the 11/23/10 follow up. This was 2 weeks post injection. Per the 12/29/10 note, she was symptomatic and a second ESI was requested at left L3.

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

The first issue to be considered is whether or not she has a radiculopathy. The pain is along the lateral thigh that is possibly part of the L3/4 dermatomal pattern. These dermatomes usually extend along the anterior thigh and L4 to the shin. . There is no objective neurological loss. The AMA Guides requires an abnormal EMG or abnormal neurological exam to be present as well. This was not clearly present as the symptoms are on the left side, and the reflex changes are symmetrical. While she had positive SLR findings, this is not a component of the AMA Guides.

The IRO reviewer is not clear of the results of the 2 ESIs in 2008 and 2009. She apparently had relief and this would be justification for the third injection performed on 11/9/10. It gave 50% relief at 2 weeks. There was no described relief in the 12/29 note, 7 weeks post injection. The ODG states that if the injection "produce[s] pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported." In this case, there was no benefit at 7 weeks. Presumably it did not go from 50% to 0 between week 6 and week 7. Therefore, it did not meet the ODG criteria for a repeat ESI.

#### **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)