

Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/27/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar ESI L4-5 L5-S1 w/catheter

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

M.D., Board Certified in Pain Management and Anesthesiology
American Board of Anesthesiologists

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, Low Back, Criteria for the use of Epidural steroid injections
Notices of Non-Authorization 11/29/10, 11/19/10
M.D. 8/19/10 to 11/23/10
MRI LLC 4/25/08
MD 12/3/10
Center for Interventional Pain Management 11/23/10

PATIENT CLINICAL HISTORY SUMMARY

The xx/xx/xx office visit note states that this injured worker complains of low back pain that radiates down the bilateral lower extremities. A dermatomal pattern is not described. The physical exam states, "Straight leg raises to the recent pain in dorsiflexion makes pain worse." This statement is unclear. There are no objective radicular findings noted. The injured worker received an ESI at "L45" on 8/19/10. The outcome of this procedure is not documented in the records.

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

The Official Disability Guidelines outline the criteria for ESI: "The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, reduction of medication use and avoiding surgery, but this treatment alone offers no significant long-term functional benefit." There is no documentation in the records of plans to have this injured worker involved in an active treatment program in conjunction with the ESI. The ODG also states, "Radiculopathy must be documented. Objective findings on examination need to be present." There is no description of any dermatomal pattern of the injured worker's pain in the records. In addition, the physical exam does not document any

objective findings for radiculopathy. Also, the results of the ESI performed would need to be documented before evaluating if a repeat ESI is appropriate. The ODG criteria for the use of Epidural Steroid Injections have not been satisfied based on the records provided. Therefore the reviewer finds that there is not medical necessity for Lumbar ESI L4-5 L5-S1 w/catheter.

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)