

# C-IRO Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Jul/25/2011

**IRO CASE #:**

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

One (1) outpatient lumbar epidural steroid injection (ESI) at the L5-S1 level

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

MD, Board Certified Anesthesiologist/Pain Management

**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, Criteria for ESI

Utilization review determination dated 05/25/11, 06/16/11

Preauthorization request dated 05/18/11

Follow up note dated 05/16/11, 06/06/11

Procedure note dated 12/07/10

Electrodiagnostic report dated 10/18/10

MRI lumbar spine dated 08/27/10

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a female whose date of injury is xx/xx/xx. The patient was working as a and fell down backwards sustaining an injury to his lower back. MRI of the lumbar spine dated 08/27/10 revealed left paracentral and posterolateral mild disc protrusion measuring 2.7 mm at L4-5 with thecal sac impingement, bilateral facet hypertrophy and mild degenerative changes; loss of normal signal with posterior central and paracentral disc protrusion at L5-S1. Electrodiagnostic report dated 10/18/10 revealed findings of bilateral S1 radiculopathy. The patient underwent L5-S1 interlaminar epidural steroid injection on 12/07/2010. Follow up note dated 05/16/11 indicates that the injection helped by about 60% "but it did not last too long". On physical examination straight leg raising is about 45 to 50 degrees in sitting position. Manual motor testing is 5/5. There is reported decreased sensation of the S1 distribution of both heels. The provider's initial request for lumbar epidural steroid injection at L5-S1 was denied on 05/25/11 noting that it was not clear that the last injection was effective for 6-8 weeks; also, the coccyx is a bony structure without communication with the epidural space, so the role of epidural steroid injection in therapy in this case was not understood. The denial was upheld on 06/16/11 noting the request failed to satisfy ODG Guidelines regarding 2nd or subsequent epidural steroid injections, which require at least 50-70% level of pain relief for a period of 6-8 weeks.

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

This patient underwent initial L5-S1 interlaminar epidural steroid injection on 12/07/10. The patient reported that the injection helped approximately 60% but reported that "it did not last too long". The Official Disability Guidelines support repeat epidural steroid injection only with evidence of at least 50-70% pain relief for at least 6-8 weeks. Given the inadequate response to the initial injection, the requested One (1) outpatient lumbar epidural steroid injection (ESI) at the L5-S1 level is not recommended as 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)