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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: July/22/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left L4-5 Lumbar ESI x1

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

MD, Board Certified Anesthesiologist

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

ODG Low Back, Criteria for the use of Epidural steroid injections

UR Determinations 05/26/11, 06/09/11

MMT/ROM testing dated 05/19/11

Progress note dated 05/19/11

MRI lumbar spine dated 02/28/11

EMG/NCV dated 04/07/11

Fax cover sheet dated 05/05/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. This worker slipped on steps and fell, landing on his left side and back and hitting his right forearm against railing. He was diagnosed with left hip strain, left knee strain and lumbar strain. MRI of the lumbar spine 02/28/11 revealed mild congenital spinal canal stenosis L2 through L5; left far lateral, extraforaminal L3-4 disc extrusion. EMG/NCV dated 04/07/11 revealed that denervation changes on examination of the paraspinal muscles do not absolutely rule out a radiculopathy. Treatment to date has included activity modification, medication management and 12 sessions of physical therapy. The progress note from 05/19/11 states that on physical examination, reflexes are diminished bilaterally. The note states that L5 distribution is improved after injection therapy. The request for ESI was denied on peer review. The reviewer noted there were not clear objective physical findings for radiculopathy that could be attributed to a specific nerve root, and only reports of left leg weakness, which are not specific to any nerve root. A second peer reviewer noted there was a lack of clear objective physical findings of radiculopathy attributable to one specific nerve root, concluding that the medical records did not establish evidence of a specific neural compressive lesion on the MRI or EMG/NCV that correlates with the patient's clinical picture.

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

This patient's physical examination fails to establish the presence of active lumbar radiculopathy, and the submitted MRI and EMG/NCV do not support the diagnosis. Additionally, follow up note dated 05/19/11 reports that "L5 distribution improved after injection therapy". It is unclear what type of injection the patient underwent, as there was no procedure report submitted for review. The reviewer finds there is not a medical necessity for Left L4-5 Lumbar ESI x1. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld.

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)