

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: JUNE 1, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed Lumbar ESI L5-S1 (62311, 77003, 72275, 62264)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Orthopedic surgery and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
724.2/ 724.0	62311		Prosp	1					Upheld
724.2/ 724.0	77003		Prosp	1					Upheld
724.2/ 724.0	72275		Prosp	1					Upheld
724.2/ 724.0	62264		Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-19 pages

Respondent records- a total of 45 pages of records received to include but not limited to: Request for an IRO forms; letters 4.26.11, 5.11.11; Orthopedics records 3.14.11-5.4.11; page from The Journal of Bone and Joint Surgery, volume 89A, supplement 3, 2007; page from Diagnostic and Therapeutic Spinal injections; page from PubMed regarding ESIs; page from JB&JS regarding Nerve Root Blocks in the treatment of Lumbar Radicular Pain

Requestor records- a total of 42 pages of records received to include but not limited to: TDI 5.13.11; Orthopedics records 3.14.11-4.18.11; MRI Lumbar Spine 3.30.11; MRI Rt Hip 3.30.11; MRI Rt knee 1.14.11; Xray Pelvis and Hip; Xray knee; IRO request forms; letter 5.11.11

PATIENT CLINICAL HISTORY [SUMMARY]:

The medical records presented for review begin with an MRI of the right knee dated xx/xx/xx. A globular signal was found in the posterior horn of the medial meniscus. The ligamentous structures appeared to be intact at a significant chondromalacia was noted. There was a bone bruise to the medial femoral condyle identified. Plain radiographs of the knee were reported as essentially normal. MRI of the right hip was obtained on March 30, 2011 and noted to be an "unremarkable" study. MRI of the lumbar spine noted that the vertebral body heights and bone and marrow signal are maintained throughout the entire lumbar spine with no abnormalities identified. At L5/S1, there was a moderate disc desiccation and a broad based disc bulge, 3 mm. These changes were described as "degenerative" by the radiologist.

The March 14, 2011 evaluation addressed the right knee, right hip and lumbar spine injury. The mechanism of injury was a slip and fall from a 10 foot ladder. An emergency room evaluation was noted. The knee had been injected, presumably with a steroid preparation. This caused increased pain to the right knee. The determination was internal derangement right knee, internal derangement right hip and lumbar strain. In the follow-up dated April 18, 2011, Dr. addressed injuries to the right knee, right hip and lumbar spine. The physical examination noted a good range of motion and pain with varus and valgus stress to the right knee. There was a positive McMurray's sign and a negative Lachman's sign. It was felt there was an internal derangement of the right knee, a trochanteric bursitis of the right hip, and a disc protrusion with right sided radiculitis. The knee was injected with a steroid preparation and knee arthroscopy was discussed. Epidural steroid injections were suggested for the lumbar spine disc lesion.

I then reviewed request for a lumbar spine epidural steroid injection, which had been not certified by the preauthorization process. The complaints of low back pain with radiation are noted and the symptoms of numbness and weakness are identified. However, there was no objective data of a verifiable radiculopathy. Additionally, more conservative measures had not been tried leading to the determination made. This decision was sent for reconsideration with a similar determination.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

As noted in the Division mandated Official Disability Guidelines, the standards for an epidural steroid injection begin with the objectification of a verifiable radiculopathy. No such data is presented. The MRI clearly notes disc desiccation and other degenerative changes without any evidence of a nerve root compromise. Thus, it is not clear what efficacy such an injection would have. Therefore, this request is not certified and the previous determinations are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN
ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES