

SENT VIA EMAIL OR FAX ON
Jun/03/2011

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jun/03/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Outpatient Lumbar Epidural Steroid Injection L5/S1

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

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was driving and became pinned between the racks. Lumbar MRI dated 07/08/09 revealed epidural fibrosis in the right L5-S1 canal surrounding the traversing right S1 nerve root sheath; the right lateral recess at L5-S1 is also encroached by residual enhancing right paracentral disc protrusion at L5-S1. EMG/NCV dated 03/02/10 was suggestive of right S1-S2 radiculopathy. The patient underwent initial surgery on 05/06/09 and revision laminectomy and microdiscectomy L5-S1 on 04/21/10. Designated doctor evaluation dated 02/12/10 indicates that the patient reached MMI as of this date with 5% whole person impairment. Treatment to date also includes lumbar epidural steroid injection on 10/28/10 with 70% relief. Designated doctor dated 10/28/10 indicates 10% whole person impairment. The patient underwent repeat epidural steroid injection on 01/21/11. Follow up note dated 01/31/11 indicates the patient reports 70% relief. Physical examination on 03/22/11 notes decreased range of motion, positive straight leg raising on the right and motor strength intact.

Initial request for epidural steroid injection was non-certified on 05/04/11 noting the duration of relief from prior epidural steroid injection is not documented. The denial was upheld on appeal dated 05/16/11 noting that ODG typically does not support a series of three epidural steroid injections.

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

Based on the clinical information provided, the request for outpatient lumbar epidural steroid injection L5-S1 is not recommended as medically necessary, and the two previous denials are upheld. The patient underwent previous lumbar epidural steroid injection on 01/21/11 and reported 70% pain relief after 10 days. 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. The submitted records fail to establish that the patient obtained sufficient pain relief to support repeat epidural steroid injection.

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

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES