

Core 400 LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: May/31/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient L4-L5 lumbar epidural steroid injection (ESI)

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

MD, Board Certified Orthopedic Surgeon

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
Utilization reviews dated 03/28/11 and 04/22/11
Office notes dated 01/24/11, 02/25/11, 03/18/11, 03/24/11, 04/01/11, 05/02/11
MRI left wrist without contrast dated 11/22/10
MRI lumbar spine without IV contrast dated 11/22/10
MRI cervical spine dated 02/08/11
MRI of the brain 02/08/11
Designated doctor evaluation dated 02/25/11
Report of medical evaluation dated 02/25/11
MRI of the left shoulder dated 03/21/11
Chiropractic treatment notes 03/24/11, 03/25/11, 03/29/11, and 04/21/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a XX year-old female whose date of injury is XX/XX/XXXX. On this date the patient went to sit in a chair when the chair rolled back, the patient lost her balance and fell on her buttocks. MRI of the left wrist dated 11/22/10 revealed lunate bone marrow edema and thumb carpometacarpal joint osteoarthritis. MRI of the lumbar spine dated 11/22/10 revealed L3-4 and L4-5 disc herniations; L4-5 grade I spondylolisthesis; and L4-5 mild spinal canal stenosis and mild bilateral neural foraminal narrowing. Note dated 01/24/11 indicates that treatment to date includes medication management, physical therapy, massage and diagnostic testing. On physical examination there is no tenderness to palpation. Motor exam is 5/5 throughout the bilateral lower extremities. Deep tendon reflexes are ¼ at the bilateral patella and Achilles. Sensory exam revealed hypoesthesia in the bilateral L5 distribution. Straight leg raising is negative bilaterally. Designated doctor evaluation dated 02/25/11 reports diagnoses are lumbar sprain/strain, wrist sprain/strain, posttraumatic headaches and muscle spasm. The patient was determined to have reached MMI as of 01/13/11 with 7% whole person impairment. Initial request for outpatient L4-L5 lumbar epidural steroid injection was non-certified on 03/28/11 noting that the records do not unequivocally define radiculopathy on both imaging and physical examination. Physical examination on 04/01/11

reports positive straight leg raising and diminished Achilles reflex. The denial was upheld on appeal dated 04/22/11 noting that the patient does not have signs of radiculopathy (pain in a dermatomal distribution with corroborative findings of radiculopathy such as motor or reflex abnormalities).

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

Based on a review of the clinical information provided, the reviewer finds that the request for Outpatient L4-L5 lumbar epidural steroid injection (ESI) is not medically necessary. The submitted records fail to establish the presence of active lumbar radiculopathy as required by the Official Disability Guidelines prior to the performance of epidural steroid injection. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review to establish that the patient has been unresponsive to initial conservative treatment. 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)