

I-Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/15/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right lumbar SNRB Outpatient (64483, 77003)

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

M.D., Board Certified in Pain Management and Anesthesiology
American Board of Anesthesiologists

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

Adverse Determination Letters, 1/11/11, 1/31/11
Official Disability Guidelines, Chapter: Low Back – Lumbar & Thoracic
Clinic 9/14/09 to 2/24/11
Clinic 7/22/09 to 12/21/10
MD 3/12/10
Clinic 7/9/09
Clinic 12/20/07
Clinic 1/24/07
EMG Report 8/6/09
Hospital 4/20/10

PATIENT CLINICAL HISTORY SUMMARY

The 11/19/10 note indicates the patient describes low back pain that “radiates into the right buttock with burning into the right leg.” There is no dermatomal pattern noted in this note. Per a peer to peer discussion that occurred on 1/11/11, Dr. stated that the patient has “recurrent L5 right symptoms.” The physical exam from 11/19/10 notes that the patient has a positive straight leg raise test on the right. There is no mention of the patient being involved with physical therapy. An MRI from 12/21/10 is significant for “parathecral scarring in the right parathecral region” at L4-5.

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

Per the ODG, before considering epidural steroid injections, the patient should “initially (be) unresponsive to conservative treatment” such as physical therapy. There is no mention of the patient trying conservative measures. Therefore, the ODG criteria has not been satisfied.

The reviewer finds that medical necessity does not exist at this time for Right lumbar SNRB Outpatient (64483, 77003).

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)