

SENT VIA EMAIL OR FAX ON
Mar/23/2011

True Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Mar/20/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
L5 Transforaminal ESI

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC 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

This is a lady who fell on her left side/buttock on xx/xx/xx. She had left sided lower extremity symptoms. Her MRI on 8/24/10 showed several disc bulges with mild left foraminal narrowing at L3/4 and bilateral at L4/5. There is also mild central stenosis from hypertrophy of the ligamentum flavum. Her EMG on 9/12/10 reportedly showed a left L5 radiculopathy based upon positive waves and fibrillations in the L4/5 myotomes, but the specifics were not included as to which muscles were involved. The examination from 9/21/10 described positive SLR at 90 degrees on the left, with left sciatic notch tenderness, and local lumbar paraspinal tenderness and some hypoesthesia along the posterolateral left hip and thigh. Dr. advised an L5 selective root nerve block. Dr. advised an L4 ESI after his request for facet injections were denied. Dr. described spasm in the paravertebral region, tenderness at the SI joint and non-radicular SLR with symmetrical reflexes. He felt there was facet symptoms and si pain

and the lumbar radiculitis and warranted the L5 ESI. Dr. then agreed to an L5 rather than L4 ESI.

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

The first issue is whether or not she has a radiculopathy from an intraspinal condition. There is no clear cut HNP and these are known to demonstrate false negatives. She has foraminal narrowing that could possibly compromise the nerve roots. The two levels were argued about. She has some evidence suggestive of facet pain per the doctor. The ODG excludes facet injections in the presence of or consideration of a radiculopathy. Dr. last described a radiculitis rather than a radiculopathy. There was no objective neurological loss present. She had tenderness in the sciatic notch. The strongest component for a radiculopathy being present is the EMG, but only a summary was reported. The IRO reviewer does not see which muscles were involved. Were the paraspinals involved or spared? The summary stated that there were "positive waves and fibrillation potentials in the L4-5 innervated myotomes, in and anterior and posterior primary rami innervated muscles." The IRO reviewer presumes the posterior rami reflected the paraspinal muscles, but they were not specifically identified. Piriformis trauma may cause sciatica and give extremity findings of a radiculopathy It would spare the paraspinal muscles. It gives local tenderness at the sciatic notch. It would not improve, however, with an ESI, hence the need for clarification before the treatment. A diagnostic lumbar ESI is appropriate if the EMG report clarifies the situation.

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)