



Medwork Independent Review

5840 Arndt Rd., Ste #2
Eau Claire, Wisconsin 54701-9729
1-800-426-1551 | 715-552-0746
Fax: 715-552-0748
Independent.Review@medworkiro.com
www.medwork.org



NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)

03/17/2011

MEDWORK INDEPENDENT REVIEW WC DECISION

DATE OF REVIEW: 03/17/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

L5-S1 ESI

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

Texas State Licensed MD Board Certified Anesthesiology & Pain Management physician

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Assignment 02/28/2011
2. Notice of assignment to URA 02/28/2011
3. Confirmation of Receipt of a Request for a Review by an IRO 02/25/2011
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 02/23/2011
6. Provider 02/15/2011, peer review 02/15/2011, Provider 02/11/2011, 01/25/2011, peer review 01/24/2011, 01/19/2011, 11/19/2010, medicals 02/07/2011, 01/17/2011, physical performance eval 01/03/2011, 12/27/2010, 12/21/2010, 12/13/2010, MRI 10/27/2010, 10/09/2010, 10/03/2010, daily notes chiro
7. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:

Patient has injury noted XX/XX/XXXX. The patient has a history of low back pain that radiates into the leg. The pain is 8 on a scale of 0-10. On physical exam, there was decreased range of motion and tenderness in the low back with positive numbness and tingling in the lower leg.



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Patient has decreased sensation in the left leg with a positive straight leg raise on the left, with decreased reflexes, as well. Patient has been treated in the past with TENS; medications; and epidural steroid injections, the last one in 2006, with which, the medical note, the pain relief lasted for 4 years. MRI shows disc bulge at L4-L5, L5-S1, and L3-L4. Review request is for L5-S1 ESI.

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

Referring to the Official Disability Guidelines' chapter on low back pain, under epidural steroid injections, under number 7, it states that in the therapeutic phase, patients that receive greater than 50% pain relief for 6-8 weeks can have repeat injections. Documentation reviewed along with the ODG recommendations support that the patient received 4 years' worth of pain relief; therefore, the insurer's denial of requested L5-S1 ESI is overturned.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE
- AHCP- 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)