



3250 W. Pleasant Run, Suite 125 Lancaster, TX 75146-1069
Ph 972-825-7231 Fax 972-274-9022

Notice of Independent Review Decision

DATE OF REVIEW: 3/8/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of right S1 selective nerve root injection with IV sedation.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. This reviewer has been practicing for greater than 10 years.

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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of right S1 selective nerve root injection with IV sedation.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:, Back Institute

These records consist of the following (duplicate records are only listed from one source):
Records reviewed from

Notification of Determination 1-27-2011, Notification of Determination 2-14-2011, Back Institute script for orders 1-20-2011, followup 3-30-2010 through 1-20-2011, electrodiagnostic study 1-20-2011, new comp evaluation 3-9-2010, functional capacity evaluation 4-13-2010: anesthesia record florida hospital (illegible), post-op spinal orders, consult report 2-15-2010, history and physical 2-16-2010, mri spine lumbar 2-17-2010, clinical summary 3 day report, forms, notes Dr. (illegible), operative report 2-17-2010.

Back Institute: patient profile 1-6-2011, peer-peer 2-14-2011, radiology report 1-19-2011, exercises 3-10 through 4-6-2010, physical therapy status 4-9-2010, therapy daily note 3-15-2010 through 4-9-2010, lumbar post op physical therapy evaluation 3-10-10.

A copy of the ODG was not provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was injured when falling. He had a disc extrusion at L5-S1 and underwent microdisectomy xx/xx/xx in Florida. Right leg pain improved with persistent hypesthesas. Around 3/10/10 the pain became worse and he was assessed at TB. Repeat MRI suggested L5-S1 annular fissure, edema, and post-surgical granulation tissue. EMG was consistent with active and chronic right S1 radiculopathy.

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

ODG Criteria for the use of Epidural steroid injections:

Note: The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit.

- 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. *This criterion is met.*
- 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). *This criterion is met.*
- 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. *This criterion is met.*
- 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. *This criterion does not apply.*
- 5) No more than two nerve root levels should be injected using transforaminal blocks. *This criterion is met.*
- 6) No more than one interlaminar level should be injected at one session. *This criterion is met.*
- 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year.

8) Current research does not support a “series-of-three” injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections.

9) Epidural steroid injection is not to be performed on the same day as trigger point injection, sacroiliac joint injection, facet joint injection or medial branch block.

Given that the criteria for ESI per the ODG have been documented, the requested treatment is medically necessary.

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 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)