

SENT VIA EMAIL OR FAX ON
May/10/2011

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/10/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

#2 Left L5-S1 Transforaminal Epidural Steroid Injection

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

Board Certified Anesthesiologist/Pain Management

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

OD Guidelines

1. Cover sheet and working documents
2. Utilization review determination dated 03/16/11, 03/25/11
3. Utilization review worksheet dated 03/11/11, 03/22/11
4. Office visit note dated 02/07/11, 03/07/11, 12/29/10, 11/15/10, 11/02/10, 10/29/10
5. Initial plan of care physical therapy dated 12/10/09
6. Discharge assessment
7. Operative report dated 02/28/11
8. MRI of the lumbar spine dated 11/17/09, 11/18/10
9. Radiographic report dated 11/12/10

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 bent over to pick up a cartridge and started having a pop and lower back pain. Office visit note dated 10/29/10 indicates that the patient presents with complaints of increasing back pain with radiation to the left leg. Treatment to date is noted to include physical therapy and medication management. MRI of the lumbar spine dated 11/18/10 revealed disc desiccation at L5-S1 with broad based posterior disc bulge without spinal stenosis. It touches the left exiting nerve root without actually compressing it. The patient underwent lumbar

transforaminal epidural steroid injection at left L5-S1 on 02/28/11. Follow up note dated 03/07/11 indicates that the patient reports 60-65% improvement of her pain. On physical examination there is mild tenderness over her left lumbar paraspinal musculature. Strength in the bilateral lower extremities is 5/5 with the exception of dorsiflexion of her left foot which is rated as 4+ to 5/5. She has no loss of sensation in her bilateral lower extremities. Straight leg raising is positive on the left and negative on the right.

Initial request for #2 left L5-S1 transforaminal epidural steroid injection was non-certified on 03/16/11 noting that there was no MRI report forwarded. The denial was upheld on appeal dated 03/25/11 noting that the claimant's symptoms have significantly improved with the initial injection and the patient had side effects with the initial injection.

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

Based on the clinical information provided, the request for #2 left L5-S1 transforaminal epidural steroid injection is not recommended as medically necessary and the two previous denials are upheld. The patient underwent initial left L5-S1 transforaminal epidural steroid injection on 02/28/11. There is a single follow up note dated 03/07/11 submitted for review which indicates that the patient reports 60-65% improvement of her pain. The Official Disability Guidelines support repeat epidural steroid injection only with evidence of at least 50-70% pain relief for at least 6-8 weeks. Given that the only follow up note provided is dated only one week after the initial injection, the submitted records fail to establish that the patient meets ODG criteria for repeat epidural steroid injection. Given the current clinical data, the requested injection is not indicated as medically necessary, and the two previous denials are upheld.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES