

I-Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: October/12/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

O/P ESI Lumbar under Fluoroscopy, Anesthesia, and Recovery 62311 77003 99499 01992

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

M.D., Board Certified Anesthesiology

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

Official Disability Guidelines and Treatment Guidelines
Utilization review determination dated 09/16/11, 08/22/11
Procedure report dated 08/04/11
Office visit note dated 07/05/11, 05/27/11, 07/15/11, 08/16/11
Handwritten note dated 08/03/11, 08/11/11, 08/16/11, 08/24/11
Discharge instructions dated 08/03/11
EMG/NCV dated 07/11/11
Radiographic reports dated 06/02/11
MRI lumbar spine dated 06/02/11

PATIENT CLINICAL HISTORY SUMMARY

This is a female whose date of injury is xx/xx/xxxx. She was injured in the shower when she slipped. She reached and held onto the grab with her left upper extremity. She developed pain in the left shoulder, left elbow and left wrist areas. She has been treated with physical therapy. MRI of the lumbar spine dated 06/02/11 revealed broad 2 mm disc bulge at L2-3, L3-4 and L4-5. There is sacralization of L5 with no disc herniation, canal stenosis or neural foraminal encroachment. EMG/NCV dated 07/11/11 findings suggestive of bilateral S1 radiculopathy. The patient underwent lumbar epidural steroid injection on 08/04/11. Follow up note dated 08/16/11 indicates that the patient reported almost 100% relief initially from the injection, but the pain has returned.

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

This 46-year-old woman underwent previous epidural steroid injection on 08/04/11. A follow up note two weeks after that injection states that the pain was returning. 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 the lack of documentation regarding the patient's objective, functional response to the previous epidural steroid injection, the requested O/P ESI Lumbar under Fluoroscopy, Anesthesia, and Recovery 62311 77003

99499 01992 is not found by the reviewer to be medically necessary at this time.

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)