

# I-Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Oct/24/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Lumbar ESI at L5-S1 with fluoroscopic guidance

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

M.D., Board Certified Orthopedic 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**

Official Disability Guidelines  
Utilization review determination dated 08/30/11, 09/29/11  
Order for repeat epidural steroid injection dated 08/23/11  
Office visit note dated 09/20/11, 08/23/11, 07/12/11, 05/24/11, 10/29/10  
Lumbar MRI dated 03/03/10  
Cervical MRI dated 03/03/10  
Operative report dated 08/09/11

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a male whose date of injury is xx/xx/xx. He sustained cervical and lumbar strain injury while carrying cabinets up the stairs. MRI of the lumbar spine dated 03/03/10 revealed grade II anterolisthesis of L5-S1; minimal retrolisthesis of L4-5; annular tear of L1-2 disc; no evidence of central canal stenosis or neural foraminal stenosis. As of 10/29/10 the patient was working full duty and not taking any medications. He had caudal epidural steroid injection L5-S1 and cervical epidural steroid injection at C7-T1 on 08/09/11. On 08/23/11 he reported 20% improvement in his symptoms. At physical examination on 09/20/11 there is diffuse paraspinal muscle tenderness. There is 5/5 strength with full sensation in the bilateral L2-S1 distributions. Deep tendon reflexes are 2/4 in the bilateral lower extremities. Straight leg raising is negative bilaterally.

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

This patient's physical examination fails to establish the presence of active lumbar radiculopathy with 5/5 strength, full sensation, intact deep tendon reflexes and negative straight leg raising. The submitted MRI fails to support a diagnosis of radiculopathy noting no evidence of central canal stenosis or neural foraminal stenosis. The patient underwent previous lumbar epidural steroid injection on 08/09/11 and reported only 20% pain relief. The Official Disability Guidelines support repeat epidural steroid injection with evidence of at least 50-70% pain relief for at least 6-8 weeks. The reviewer finds there is not a medical necessity for Lumbar ESI at L5-S1 with fluoroscopic guidance.

**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)