

I-Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Oct/05/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Transforaminal epidural steroid injection to the bilateral L4-5, L5-S1 with intravenous sedation

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

MD, Board Certified Anesthesiology/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

Utilization review determinations 09/12/11, 09/01/11
Office visit note dated 06/28/11, 05/03/11, 02/09/11, 03/28/11
MRI cervical spine dated 06/19/1993, 01/11/2000, 03/02/11
Initial consultation dated 05/20/10
Operative note dated 12/28/09, 08/10/09, 12/08/08, 08/04/08, 02/04/08, 01/31/07, 09/08/06, 12/05/05, 03/28/05
MRI left knee dated 04/02/02
CT scan of the lumbar spine dated 06/19/1993
Handwritten note dated 06/28/11, 05/03/11, 03/28/11
Approval of request to change treating doctor dated 02/14/11
MRI lumbar spine dated 06/06/00
ODG-TWC

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female who slipped and fell on xx/xx/xx. Treatment to date includes L4-5 epidural steroid injections on 03/28/05, 12/05/05, 09/08/06, 01/31/07, 02/04/08, 08/04/08, 12/08/08, 08/10/09, and 12/28/09. Follow up note dated 05/20/10 states that the patient has not undergone any recent treatment. Note dated 03/28/11 indicates that the patient is status post C6-7 fusion in 1996 followed by hardware removal. She also states she has had three surgeries on her right SIJ from 1994-1997. She also underwent right foot tendon and ligament repair in 1995. The patient is currently attending aquatic based physical therapy that is beneficial. Physical examination on 06/28/11 indicates neurological examination was normal except for decreased sensation to pinprick in the bilateral L5 and S1 dermatomes in the calves.

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

Based on the clinical information provided, this request for Transforaminal epidural steroid injection to the bilateral L4-5, L5-S1 with intravenous sedation is not found by the reviewer to

be medically necessary. There is no current, detailed physical examination submitted for review to establish the presence of active lumbar radiculopathy. The submitted physical examination dated 06/28/11 notes only decreased sensation to pinprick in the bilateral L5 and S1 dermatomes in the calves. MMT, deep tendon reflexes and straight leg raising were not performed. There is no recent MRI report submitted for review and no electrodiagnostic results were provided to support the diagnosis. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld.

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)