



Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 09/03/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient lumbar epidural block under fluoroscopy

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified in Neurology with Added Qualifications in Pain Management, fellowship trained in Pain Medicine

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
62311	847.2						xx/xx/xx		Overturn

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The claimant was injured on xx/xx/xxxx when he twisted while he was working in a cramped space. He has had severe pain involving the lower back and right lower extremity. MRI scan of the lumbar spine dated 04/21/11 showed degenerative changes at multiple levels with a moderate disc protrusion at L5/S1 toward center and right causing mild deformity of the thecal sac and mild encroachment upon the right lateral recess. The combination of disc bulging and sub-joint arthropathy does result in mild neural foraminal narrowing bilaterally at multiple levels. The claimant has been seen for pain management and has undergone 2 lumbar epidural steroid injections dated 05/23/11 and 06/20/11. Both of these injections did provide partial relief of pain, and thus a third epidural steroid injection was requested.

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

Since the claimant has already undergone two epidural steroid injections in the lumbar spine resulting in partial relief of right-sided lumbar radicular symptoms which have been correlated with findings on MRI scan including a moderate-sized disc protrusion toward the right at L5/S1, it is reasonable to complete this

series with the third epidural steroid injection. This is in order to try to achieve the maximum amount of relief possible, which presumably will then be followed by an appropriate physical therapy program. I believe it is medically reasonable to proceed with the third requested injection to complete a series of three for optimal benefit.

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

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- 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)