

Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE OF REVIEW: 08/26/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar ESI Left L4-5 64483, 64484, J3302, J2001

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

The TMF physician reviewer is board certified in anesthesia/pain management with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

It is determined that the lumbar ESI Left L4-5 64483, 64484, J3302, J2001 is medically necessary to treat this patient's condition.

PATIENT CLINICAL HISTORY (SUMMARY):

This injured worker sustained a work related injury on xx/xx/xxxx when he was unloading boxes and felt an immediate pain to his lower back. He reported aching, shooting, spastic and tingling pain to the lower back radiating into both legs. The patient has been treated with medications and physical therapy and there is a request for lumbar epidural steroid injections.

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

This patient's MRI report reveals a bulge at L4-5. The MRI was done in the supine position which is almost always the position in which low back pain, particularly radicular pain is resolved. Once sitting or standing, the discs are pressurized by the vertebral bed and blood and cerebral spinal fluid collect in this area of the spine thus decreasing the volume for the nerve root to travel from the spinal cord and out the bony spine. Since this patient was shown by MRI to have a L4-5 disc bulge, it is very likely that once pressurized, it may well compress these nerve roots at that level of the spine. The initial injections are what the ODG refers to as "Diagnostic Phase" and are intended to determine if success will be obtained with this treatment option. Since these injections are the first injections for this patient's injury, they meet that requirement and satisfy the intent of the ODG. This patient also has documented evidence of the failure of 12 sessions of physical therapy and oral pain medications which meets the requirement of the second ODG requirement for the injections. Therefore, it is determined that the explanation of the MRI findings and this reviewer's interpretation of the ODG requirements meet the first requirement of the ODG while this along with the history and physical findings by the treating physician, meet the second requirement.

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

- 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 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)