

Core 400 LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Sept/03/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right caudal epidural steroid injections times two with anesthesia

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

MD, 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)

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a female whose date of injury is xx/xx/xx. Records indicate she hurt her back and right knee. MRI of lumbar spine dated 03/31/06 reported diffuse posterior bulging disc of L3-4 and L4-5. There is a small posterior central disc protrusion at L3-4, and small 4-5 mm cyst fluid collection posterolateral to facet joints of L4-5 on left side. The injured employee was treated conservatively with physical therapy. She also underwent Botox injections for the lumbar spine. Per designated doctor evaluation of 08/25/06, the injured employee was determined to have reached maximum medical improvement as of this date with a 7% whole person impairment rating.

The injured employee was seen for pain management initial evaluation by Dr. on 06/02/11 with chief complaint of left sided low back / left buttock pain described as sharp, shooting, aching, and burning at times aggravated with prolonged walking and sitting. She has undergone conservative treatment consisting of physical therapy, medication management and myobloc injections with some relief for short period of time. She recently noticed progressive worsening of pain complaints. She attempted chiropractic care and is using TENS unit with suboptimal relief. Current medications are listed as Vicodin and nonsteroidal anti-inflammatory. On examination the injured employee is noted to be 5'9" tall and 230 lbs. Focused examination of lumbosacral spine revealed tenderness in lumbar spinous processes at L5-S1 with lumbar facet joints tender to palpation on left side at L5-S1. Range of motion was flexion 45 degrees and extension 10 degrees. Straight leg raise is positive on the left in sitting and supine position with pain located over the left buttock. Sacroiliac joints are moderately tender to palpation on the left. Iliac compression test was positive on the left. Patrick's test was positive on left. Gaenslen's sign was positive on the left. Fornix was positive on left. Motor strength of lower extremities was equal and symmetrical bilaterally. Reflexes of lower extremities were 1 to 2+/4 bilaterally. Repeat MRI was performed on 06/27/11, which revealed moderate to severe multifactorial spondylitic canal stenosis at L3-4. The injured employee was recommended to undergo right-sided caudal epidural steroid injection x 2.

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

The injured employee is noted to have sustained an injury to low back on xx/xx/xx while

unloading equipment from her car. She was treated with medications, physical therapy, and myobloc injections. She was seen by Dr. for complaints of left sided low back / left buttock pain. The most recent MRI performed on 06/27/11 revealed diffuse disc bulge at L3-4, with disc bulge at L4-5 and minimal disc bulge at L5-S1. There was moderate to severe multifactorial spondylitic canal stenosis at L3-4, with moderate to severe bilateral lateral recess narrowing. The previous reviews incorrectly stated that the injured employee's symptoms were to the right side / right buttocks, but the clinical note dated 06/02/11 indicated symptoms to be left sided. The physical examination findings on 06/02/11 were more consistent with SI joint dysfunction rather than radiculopathy. It is unclear based on the 06/02/11 note, which reported left sided complaints as to why the request is for right sided caudal epidural steroid injection. Per ODG guidelines, radiculopathy must be present on examination and corroborated by imaging studies and / or electrodiagnostic testing. Noting there is no clear evidence of radiculopathy on clinical examination, and no corroboration on imaging studies or EMG, medical necessity is not established for Right caudal epidural steroid injections times two with anesthesia.

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)