Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: APRIL 2, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed appeal right L4-L5 tranforaminal epidural with selective nerve root block (64483, 64450)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical Medicine and Rehabilitation and is engaged in the full time practice of medicine.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

XX Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
307.89, 722.10, 724.4	64483		Prosp	1					Upheld
307.89, 722.10, 724.4	64450		Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-14 pages

Respondent records- a total of 11 pages of records received to include but not limited to: Records, the Institute 8.1.11-1.24.12; MRI Lumbar Spine 2.21.10

Requestor records- a total of 22 pages of records received to include but not limited to: Records, the Institute 2.4.11-1.24.12; TDI letter 3.12.12.; MRI Lumbar Spine 2.21.10; Surgery Center report 9.28.11

PATIENT CLINICAL HISTORY [SUMMARY]:

The medical records presented for review begin with a copy of a December 21, 2010 MRI report. This study noted disc herniations throughout the entire lumbar spine. There was a retrolisthesis and disc herniation at L3/4; and anterolisthesis at L4/5 also associated with a disc herniation and facet joint disease at L5/S1.

Dr. completed his initial clinical evaluation in February of 2011. The reported mechanism of injury is noted associated bilateral leg pain. The left leg is more symptomatic than the right. The past medical history is significant for diabetes, hyperlipidemia, & hypertension. There was no electrodiagnostic data obtained. The low back physical examination was essentially noncontributory. That being said, the assessment made was lumbar radiculopathy. Mr. was taking the medications Relafen and soma.

It was noted with the follow-up examination that the medications were 75% accurate in controlling his symptoms. The physical examination noted some guarded motion; otherwise, no significant neuromuscular findings were identified. The conservative care, in the form of the medication protocol, was continued.

In May of 2011 facet blocks were suggested. However, the claimant was "very afraid of any type of needles" and more conservative measures were employed. The August 29, 2011 progress note indicates that a determination of maximum medical improvement, associated with impairment rating, had been received. The same day, a request for the epidural steroid injections had been endorsed. Dr. performed the L5/S1 epidural steroid injection in September of 2011. There was only partial relief, 25%, and the subsequent request for the second epidural steroid injection was not certified.

The progress notes reflect that a facet joint block was also suggested. The note was perceived to be somewhat confusing.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

As noted in the Division mandated Official Disability Guidelines, **"**Indications for repeating ESIs in patients with chronic pain at a level previously injected (> 24 months) include a symptom-free interval or indication of a new clinical presentation at the level." When noting the relative minor success (25%) rate, the confusion as to if the request was for a epidural steroid injection or facet block, the lack of electrodiagnostic evidence of a verifiable radiculopathy and the marginal physical examination reported, there is no clear convincing evidence to support this request for an epidural steroid injection.

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

XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES