



Southwestern Forensic Associates, Inc.

Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE: December 7, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right transforaminal epidural steroid injection on the right at L2/L3

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

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in practice of Pain Management full time since 1993

REVIEW OUTCOME:

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

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

Medical necessity has been demonstrated per Official Disability Guidelines for the requested procedure.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

This injured worker sustained an injury in xxxx and underwent an L4 through S1 fusion and subsequent hardware removal. At the office visit on 10/31/12, describes right anterior thigh pain and right leg weakness with squatting. EMG study on 07/03/12 shows left L5 and right L5 changes. An MRI scan shows L4/L5 and L5/S1 postoperative changes, spondylosis at L2/L3 and L3/L4 with severe central stenosis at L2/L3, bilateral lateral recess stenosis, and bilateral foraminal stenosis at this level.

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

ODG require objective evidence of radiculopathy with corresponding impingement on

MRI scan. There is right leg weakness in the L2/L3 innervated muscles; and the severe central lateral recess and foraminal stenosis at L2/L3 certainly qualifies as findings capable of nerve impingement. ODG are met for the requested procedure.

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 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.)