

Becket Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

Signed electronically on: Nov/28/2012

DATE NOTICE SENT TO ALL PARTIES: Nov/28/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

lumbar esi @ L5-S1

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

M.D., Board Certified Anesthesiology; Board Certified Pain Management

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 medical necessity exists for each health care service in dispute. The reviewer finds the requested lumbar esi @ L5-S1 is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Correspondence 11/08/12

Request for IRO 11/07/12

Receipt for request of IRO 11/08/12

Utilization review determination 10/09/12

Utilization review determination 10/30/12

MRI lumbar spine 07/20/12

Clinical records 10/01/12

Letter of reconsideration 10/18/12

Legal correspondence 11/13/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was reported to have sustained work related injuries. On this date, the claimant was getting tools from the toolbox when a vehicle struck him from behind, causing him to fall backwards on top of the car. He was initially seen in the local emergency room where x-rays were taken and he was discharged. He reported the development of low back pain and neck pain and pain in his bilateral knees. The records include an MRI of the

lumbar spine dated 07/18/12 with an addendum dated 07/20/12. This study noted a minimal circumferential disc bulge at L3-4 and L4-5 with no significant central canal neural foraminal narrowing and no evidence of focal disc herniation. At L5-S1, there was disc desiccation and a central disc bulge measuring 3mm AP. There was further evidence of some early facet deviated disease.

On 10/01/12, the claimant came under the care of Dr. The claimant was reported to have 6/10 pain and he was reported to have undergone EMG which indicated some nerve root irritation involving the levels contravened to the left peroneal nerve. A lumbar epidural steroid injection was recommended. Physical examination noted paralumbar tenderness and parathoracic tenderness and tenderness over the buttocks and lumbar range of motion was reduced and deep tendon reflexes were normal and symmetric and strength and sensation were intact. The record contains a letter from Dr. which reports that the claimant has undergone EMG showing nerve root irritation in the same nerve root distribution and he is reported to have findings of a positive straight leg raise on examination.

The initial review was performed by Dr. On MRI there was no evidence of disc herniation or high-grade foraminal stenosis or nerve compression. He noted that the claimant had an EMG/NCV of the lower extremities, however. This study was not submitted for review and he further reported that the documented signs and symptoms were not convincing regarding radicular pain and he found the diagnosis to be unsupported and therefore the request was not medically necessary. The appeal request was reviewed by Dr. on 10/30/12 and Dr. found the request not to be medically necessary, noting that Official Disability Guidelines require objective documentation of radiculopathy. He noted that the claimant underwent EMG/NCV, however. This report was not provided for review and the physical examination failed to establish the presence of active lumbar radiculopathy. He noted that the claimant had intact strength and sensation and symmetric reflexes. He found that the MRI did not document any significant neurocompressive pathology and therefore, based on the information provided, the request would not meet Official Disability Guidelines.

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

The submitted clinical records indicate that this claimant has evidence of multilevel degenerative disease without evidence of frank disc herniation or neurocompressive pathology. The claimant is reported to have undergone EMG/NCV study, which was not included for review. Dr. suggests that there is evidence of paraspinal activity, however. In the absence of the EMG/NCV study, this could not be confirmed. The submitted physical examination is normal and shows no evidence of objective radiculopathy. Per the Official Disability Guidelines, there must be clear objective findings on physical examination, which correlate with imaging studies and establish the presence of an active lumbar radiculopathy. Given the lack of correlation and no objective findings on physical examination, the reviewer finds the requested lumbar esi @ L5-S1 is not medically necessary.

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)