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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/30/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar ESI L5-S1

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

M.D., Board Certified Anesthesiology/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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Official Disability Guidelines and Treatment Guidelines

Adverse determinations, 11/04/11, 12/05/11

Requests for IRO, 12/09/11, 12/12/11

Dr. 08/18/11, 10/10/11, and 11/02/11

Dr. 07/19/11

Letter of appeal Dr. 11/21/11

MRI lumbar spine, 07/26/11

PATIENT CLINICAL HISTORY SUMMARY

This patient is a male injured on xx/xx/xx. He was at work and got into elevator that free fell for approximately 5 floors. He had pain in his low back into his right leg and groin area. On xx/xx/xx Dr. saw the claimant. He is noted to have history of right knee injury in 1980s that required surgery. He had a motorcycle wreck in the 1980s where he injured his low back. He has had multiple injections into the back. He was told he needed a fusion but refused. His current medications include Hydrocodone and Vicoprofen and Oxycodone. On physical examination he is in mild distress. He has decreased flexion / extension. He is tender to palpation in paraspinal musculature. He has negative straight leg raise bilaterally. Strength is 5/5. He has decreased sensation in right L4 pattern. Reflexes are 2+ and symmetric. He was opined to have lumbar radiculopathy and to be referred for imaging studies and physical therapy. MRI of lumbar spine notes mild left foraminal stenosis at L1-2 and annular disc bulge at L2-3 with mild bilateral foraminal stenosis, disc desiccation at L3-4 with mild annular disc bulge and tear, mild bilateral foraminal stenosis. At L4-5 there is disc desiccation with moderate loss of disc height space, posterior annular fissure and tear, mild anterolisthesis of L4 on L5, bilateral facet hypertrophy, ligamentum flavum hypertrophy resulting in moderate spinal canal stenosis with crowding of cauda equina nerve roots. There is mild bilateral foraminal stenosis. At L5-S1 there is mild annular disc bulge with early facet hypertrophy and

tiny posterior annular fissure. On 08/18/11, Dr. examined the claimant. He has pain to palpation of spinous and paraspinous regions. He has positive radiation with pain into right lower extremity. He has pain with flexion / extension and lateral motion. Range of motion in lower extremities is reduced due to back pain. Deep tendon reflexes are hyperreflexic. Dr. diagnosed severe lower extremity radiculopathy. On 10/10/11, the claimant presented with swelling, allodynia, mottling, and discoloration of right knee secondary to sympathetic pain which has responded favorably to previous epidural steroid injection performed in 02/11. It is reported this procedure left 6 months of pain relief and significant swelling reduction. ESI was recommended. Dr. opines this will allow for sympathetic nerve block as he has responded favorably to lumbar sympathetic plexus block and epidural steroid injection.

The record includes a conversation with Dr. Dr. discussed the fact the claimant had a new injury to low back which resulted in axial back pain. He recommended the claimant undergo epidural steroid injection.

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

This man has history of previous low back injury for which he is received injections prior to his date of injury. He has sympathetic mediated pain at right knee. Per Dr. clinic note dated 10/10/11 it would appear he is suggesting a right lower extremity sympathetic block. While this procedure would be appropriate to treat sympathetic mediated pain at knee, there is no indication for performance of lumbar epidural steroid injection to treat this diagnosis. Additionally, it would appear the compensable injury is limited to the back. In the absence of objective evidence establishing presence of lumbar radiculopathy in correlation with imaging studies, the reviewer finds the performance of Lumbar ESI L5-S1 is not supported as medically necessary under Official Disability Guidelines.

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 KNOWLEDGBASE

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)