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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:
TF ESI L5-S1

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Physical Medicine and Rehabilitation

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Official Disability Guidelines
Utilization review determination dated 10/07/11, 11/03/11
Office visit note dated 09/28/11, 12/07/11
Letter dated 12/12/11

PATIENT CLINICAL HISTORY SUMMARY
The patient is a male who was injured while working in an on xx/xx/xx. A pole struck the back of his head. Therapy manipulation and TENS unit have been tried without relief. There is decreased lumbar range of motion. Motor strength is 5/5 throughout the bilateral lower extremities. Reflexes are 1+ at the knees and ankles. Sensation is intact to light touch. MRI of the lumbar spine shows left L5-S1 foraminal narrowing with degenerative disc disease at L2-3, L4-5, L5-S1 and an annular tear at L5-S1. He underwent trigger point injections in September 2011. In a follow up note dated 12/07/11 it is stated that the patient underwent left C4 transforaminal epidural steroid injection and noted 30% pain relief initially. No pain relief is noted on 12/07/11. The request for ESI was denied. The reviewer who denied the request writes that there is no neural impingement on MRI and lack of unequivocal evidence of L5-S1 radiculopathy on physical examination. On 11/03/11, the request was denied again. The reviewer writes that there are significant differences in clinical findings reported in the records from the AP. On the one hand he has significant neurological deficits (appeal letter), but in the progress note there are no neurological deficits.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld. The submitted record consists of two progress notes dated 09/28/11 and12/07/11. The patient's physical examination fails to

establish the presence of active lumbar radiculopathy, and there are no imaging studies/electrodiagnostic results provided to support a diagnosis of radiculopathy. The criteria for ESI according to the Official Disability Guidelines has not been met. The reviewer finds no medical necessity for TF ESI L5-S1.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)