

# Becket Systems

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Dec/19/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Lumbar Epidural Steroid Injection with Fluoroscopy L4-5

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

M.D., Board Certified Orthopedic spine surgeon, practicing neurosurgeon

**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**

ODG for Low Back, ESI

Utilization review determinations, 11/04/11, 11/14/11

Operative report, 10/18/11

Office visit, 09/22/11

Lumbar myelogram, 07/29/11

Letter, 11/28/11

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a man injured at work on xx/xx/xx. He had the onset of severe lumbar pain and bilateral radiating hip and leg pain with a feeling of numbness, dysesthesias and weakness in the legs. Lumbar myelogram dated 07/29/11 revealed L4-5 stenosis with probable disc bulge at T12-L1. Office visit note dated 09/22/11 states the patient has been under chronic pain management and has had physical therapy and chiropractic care. The lumbar myelogram is noted to show disc and stenosis at the L4-5 level with a wide open canal at L3-4 where he had anterior and posterior surgery 12 years ago. Medications are listed as Naprelan, Janumet, Glipizide, Lisinopril, Crestor and Amrix. On physical examination there is some decreased mobility of the low back. He has some paralumbar muscular tightness and some loss of lumbar lordosis. Straight leg raising is positive bilaterally at less than 45 degrees. The patient underwent lumbar epidural steroid injection at L4-5 on 10/18/11.

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

The reviewer finds that medical necessity does not exist for Lumbar Epidural Steroid Injection with Fluoroscopy L4-5. This patient underwent previous lumbar epidural steroid injection at L4-5 on 10/18/11. There are no follow up notes submitted for review to establish the patient's objective, functional response to the injection. The Official Disability Guidelines support repeat epidural steroid injection with evidence of at least 50-70% pain relief for at least 6-8 weeks. There was no documented response to the prior epidural steroid injection included in the documents provide for this review. Upon independent review, the reviewer finds that the

previous adverse determination/adverse determinations should be upheld.

**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)