

Wren 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:

Caudal epidural steroid injection with epidurogram

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

M.D., Board Certified Anesthesiology

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
Utilization review determination dated 10/07/11
Utilization review determination dated 11/01/11
dated 08/17/11, 09/21/11, 10/19/11, and 11/02/11
MRI lumbar spine dated 09/08/11
Designated doctor evaluation dated 10/14/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained work related injuries on xx/xx/xx. He is reported to have history of surgery performed in 03/11. He is reported to have low back pain with leg pain. He is reported to have never had epidurals or injections earlier in his treatment. Current medications include Celebrex, Lyrica, Lisinopril, Metformin, and Hydrocodone. On physical examination dated 08/17/11 he is noted to be 63 inches tall and weighs 170 lbs. Reflexes are 1+ at knees and absent at ankles. Motor strength is 5/5. Straight leg raise is reported to be positive bilaterally. He is reported to have subjective dysesthetic sensation in right L4, L5 and S1 distributions. Heel/toe gait was intact. The claimant was referred for MRI of lumbar spine with gadolinium on 09/08/11. This study notes findings consistent with recurrent disc herniation at L4-5. It is noted there is a left hemilaminectomy, large amount of enhancing granulation tissue present; however, there is recurrent disc herniation present in midline which does not demonstrate significant degree of enhancement measuring up to 5 mm in AP dimension. This combines with enhancing granulation tissue to produce severe degree of canal stenosis. The right foramen is widely patent. The left foramen is filled with enhancing granulation tissue. saw the claimant on 09/21/11. There are no substantive changes in physical examination.

On 10/11/11 saw the claimant for designated doctor evaluation. notes the claimant has a 10% impairment rating and recommends the claimant be provided epidural steroid injections. He notes the claimant can barely walk and drive and all activities of daily living are affected.

He noted neurologic examination indicates clear evidence of lumbar radiculopathy involving left L4-5 dermatomes and right L5-S1 dermatomes.

On 11/02/11 submitted a letter of appeal for review.

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

This claimant sustained an injury to his low back that ultimately resulted in spinal surgery. The most recent MRI indicates presence of recurrent disc herniation at L4-5 as well as epidural fibrosis and evidence of active radiculopathy on physical examination. Designated doctor who in turn recommended performance of epidural steroid injections corroborated this. The request for caudal epidural steroid injection with epidurogram is consistent with Official Disability Guidelines. Therefore, the reviewer finds there is a medical necessity for Caudal epidural steroid injection with epidurogram. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be overturned.

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)