Parker Healthcare Management Organization, Inc.

3719 N. Beltline Rd Irving, TX 75038
972.906.0603 972.255.9712 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: JUNE 11, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed Lumbar Epidural Steroid Injection (ESI) under fluoroscopy

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

XX Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
722.10, 724.4, 729.1	Lumbar ESI		Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-15 pages

Respondent records- a total of 13 pages of records received to include but not limited to:
TDI letter 5.22.12; Pain Institute records 12.8.11-4.30.12; MRI Lumbar Spine 2.17.11, 4.2.12

Requestor records- a total of 19 pages of records received to include but not limited to:
Pain Institute records 7.13.11-4.19.12; MRI Lumbar Spine 2.17.11, 4.2.12; HDi letter 5.11.12; DWC form 69

PATIENT CLINICAL HISTORY [SUMMARY]:

On 02-17-11,a lumbar MRI done at Radiology Imaging Center was interpreted to show a L4-5 right paracentral disc protrusion abutting the descending right L5 nerve root.

On July 13, 3011 Dr. did his initial evaluation of the patient. He diagnosed a right paracentral disc protrusion at L4-5 with effacement of the L5 nerve root with right L5 radiculitis and sciatica. He ordered several medications and formal rehabilitation. Her work incident was moving a box of legal papers that weighed 40-50 pounds on 01-31-2011. She had a prior MRI that was "normal." There was no weakness of the lower extremities.

On August 17, 2011 Dr. did a lumbar ESI and 6 trigger point injections.

On September 8, 2011 Dr. noted a good response to the injection treatment with 50 percent benefit. He stated the lumbar MRI showed a L4-5 right paracentral herniated disc with involvement of the nerve root. The exam was non-focal for nerve root region.

On 10-26-11, Dr. did a lumbar ESI and 6 trigger point injections.

On 12-08-11, Dr. noted her prior ESIs of August and October with "significant" relief. He proposed therapy for 12 sessions.

On 12-27-11, Dr. (MD) did a Designated Doctor exam and placed Ms. at MMI with a 5 percent impairment rating.

Dr. on 02-16-12 proposed a discogram at L4-5 and L5-S1with control level at L3-4 to assess her for her discogenic pain.

The 04-02-12 lumbar MRI completed at M&S showed the L4-5 disc to be smaller and did not create a significant mass effect on the thecal sac. The L5-S1 level showed a small central disc protrusion.

There was a 05-04-12 and 05-11-12 URA denial for the proposed lumbar ESI.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

Uphold the Denial.

In summary, this patient has no MRI confirmation of any nerve root entrapment as of 04-02-12. The patient does not have an objective radiculopathy that is lumbar spine based. Thus, the lumbar ESI is not medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES