

# I-Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Mar/19/2012

**IRO CASE #:**

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

Lumbar Selective Nerve Root Block, Transforaminal Epidural Steroid Injection L1-2

**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  
1/19/12, 1/30/12  
Appeal letter 1/22/12  
Office notes 7/1/10 through 1/11/12  
Operative note left L1 and left L2 transforaminal ESI  
Patient correspondence no date  
Preauthorization determination 7/13/10  
Office notes 4/21/10 through 1/12/11

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a male who sustained a lifting injury to his low back on xx/xx/xx. He complains of low back and right lower extruding pain. He underwent L2 – S1 fusion and has been limited by chronic pain radiculopathy since that time. He was seen on 1/11/12 at which time he complained of low back pain. He manages with intermittent injection therapy and activity modification. He is 5'11" tall and 134 pounds. Pinprick sensation was normal bilateral L1 – S1. Motor testing showed no evidence of any weakness L1 – S1. Reflexes were 0+/5 bilateral patellar; 1+/5 bilateral Achilles. Clonus and Babinski were negative bilaterally. Gait was slow and guarded. Examination of the lumbar spine noted decreased lordosis. Point of maximum tenderness was right lower lumbar para vertebral, posterior midline L5 – S1 and right iliac crest. Range of motion was normal despite pain the flexion. There is no notable muscle spasm. Impression was transitional disc collapse L1 -2 above prior fusion with spinal stenosis aggravating lower extremity radicular claudication. Selective nerve root block/transforaminal ESI right L1 and L2 has been recommended by the provider.

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

The previous adverse determination/adverse determinations should be overturned. This patient underwent ESI on 7/27/10. According to note on 1/11/12, this injection gave him five months of marked improvement in his radicular pain with improved function regarding

activities of daily living and no need for medication escalation. According to the patient's correspondence, he was able to reduce the number of medications and the doses required. Given the effectiveness of this previous injection, the reviewer finds that this request for Lumbar Selective Nerve Root Block, Transforaminal Epidural Steroid Injection L1-2 is medically necessary.

**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)