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Notice of Independent Review Decision

Date of the Notice of the Decision: 9/04/2012

Date of the Amended Notice of the Decision: 9/06/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Recon L4-5-S1 epidural pain block 64483-64484 to complete by 9-21-12.

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

D.O. BOARD CETIFIED IN ANESTHESIOLOGY AND PAIN MANAGEMENT.

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

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is a male who was injured at work on xx/xx/xx, mechanism of injury is not reported. Since that date, the patient has been complaining of back pain, bilateral leg pain with the left leg worse than the right, with associated numbness in the left leg. According to Dr. fax note on 7/09/12 patient did have physical therapy with no help, and the pain got worse at times. Patient had tried Robaxin 500 mg. TID, Tramadol 50 mg. BID, Naproxen 375 mg. BID, and Lortab 5-500 BID. In Dr. note dated 5/31/12 the patient gets pain on his back that is worse sometimes more than others, that goes down the legs, Left > Right with numbness and tingling of the legs, left > Right. The patient's surgery was denied.

On physical exam patient complained of constant bilateral leg pain and numbness with decreased feeling at L5-S1 on the left, with decrease ankle



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jerk, and straight leg raise of 75 degrees on the right and 55 degrees on the left. On 6/19/12 the patient stated that he continues with pain on his low back, left hip and left leg, with some radiation to the right leg. MRI done on 8/4/11 showed bilateral spondylosis of L4 and L5 vertebrae with no evidence of spondylolisthesis, at L4-L5 there are diffuse disc herniation by approximately 4.5 mm causing mild narrowing of the spinal canal with flattening of the ventral aspect of thecal sac. Bilateral neural foramina are mildly narrowed. At the L5-S1, there is a diffuse disc herniation approximately 4.3 mm causing mild narrowing of the spinal canal and bilateral neural foramina.

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

Per ODG references the L4-S1 epidural pain block to complete by 9/15/2012 is medically necessary.

Patient does have low back pain with associated radiculopathy and supported with positive findings on the MRI and physical exam. Patient tried physical therapy, and conservative therapy with little relief. Therefore the request for Epidural block is certifiable.

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

- ACOEM- AMERICAN 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