

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Nov/08/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient lumbar epidural steroid injection (ESI) at the L5/S1 level

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

Board Certified 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 - Official Disability Guidelines & Treatment Guidelines

Utilization review determination dated 09/23/13, 10/21/13

Follow up note dated 09/05/13, 09/26/13, 10/17/13, 08/08/13, 07/25/13, 07/11/13, 06/20/13, 06/04/13, 05/21/13, 05/02/13, 04/23/13, 03/28/13, 03/14/13

X-ray report dated 07/22/13

MRI cervical spine dated 05/16/13

Treatment summary dated 08/14/13

MRI lumbar spine dated 02/18/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. The patient felt a pulling on his back. MRI of the lumbar spine dated 02/18/13 revealed at L5-S1 there is posterior disc herniation by approximately 2.5 mm causing mild narrowing of spinal canal. Bilateral neural foramina are patent. Per note dated 04/23/13, the patient underwent epidural steroid injection and reports that he could not sleep because the pain was really sharp. Neurologically the epidural block did not help him. Note dated 08/08/13 indicates that the patient has started physical therapy and has done two sessions. Treatment summary dated 08/14/13 indicates that the patient has completed 5 out of 6 visits. The patient is working light duty. Per note dated 09/26/13, neurologically the patient is still complaining of significant pain in his back and stiffness and he is not better with the medications.

Initial request for lumbar epidural steroid injection at L5-S1 was non-certified on 09/23/13 noting that the clinical does not unequivocally describe a radiculopathy on both physical examination and imaging/EDS. The denial was upheld on appeal dated 10/21/13 noting that there are no objective findings of radiculopathy noted on exam.

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

The patient sustained injuries on xx/xx/xx and has undergone treatment to include physical therapy and epidural steroid injection which did not help. The Official Disability Guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic testing. The patient's physical examination fails to establish the presence of active lumbar radiculopathy, and the submitted lumbar MRI fails to document any significant neurocompressive pathology. As such, it is the opinion of the reviewer that the request for outpatient lumbar epidural steroid injection at the L5-S1 level is not recommended as 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)