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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Sep/20/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: bilateral L4-L5 transforaminal ESI

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Anesthesiologist 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of the reviewer that the request for bilateral L4-L5 transforaminal ESI is not recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

IRO request form dated 09/09/13
Adverse determination dated 08/22/13
MRI of the Lumbar spine 08/15/2013
Office visit 08/13/2013

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who reported an injury regarding his low back. Initial injury occurred when he lifted a box resulting in immediate back pain. The MRI of the lumbar spine dated 08/15/13 revealed disc desiccation and mild disc space narrowing at L4-5. Mild diffuse disc bulge was also noted. Minimal lateral recess stenosis was noted bilaterally along with mild right neural foraminal stenosis. Clinical note dated 08/13/13 mentioned the patient presenting clinically for the treatment of his ongoing low back pain and leg pain. The patient stated that the symptoms were worsening over the previous year. The patient reported the pain as constant, aching, sharp, and stabbing. Pain radiated from the right buttock down to the foot. Numbness, paresthesia, and weakness were also noted in the left leg. Upon physical examination sensation was decreased to light touch at the left lateral calf. Straight leg raise was positive on the right. The previous utilization review dated 08/22/13 resulted in a denial for an epidural steroid injection at L4-5 as minimal information was submitted confirming the patient's completion of conservative therapy and imaging results were not submitted for review

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient is noted to have complaints of low back pain. An epidural steroid injection is indicated in the lumbar region provided the patient meets specific criteria to include significant clinical findings indicating radiculopathy with objective findings on exams and imaging studies corroborate the patient's clinical

findings as well as the patient is noted to have completed a course of conservative therapy. The submitted MRI revealed minimal lateral recess stenosis bilaterally. Given that no significant neurocompressive findings were noted on the imaging studies, it does not appear the proposed procedure would be appropriate for this patient. As such, it is the opinion of the reviewer that the request for bilateral L4-L5 transforaminal ESI 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)