IMedReviews
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Notice of Independent Review Decision

DATE OF REVIEW: 8/20/2013

IRO CASE #

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 Lumbar Epidural Steroid Injection at the Bilateral L2-L3 and L3-L4 Levels Under Epiduragraphy and Fluoroscopic Guidance between 7/09/2013 and 9/07/2013.

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

D.O. Board Certified in Anesthesiology and Pain Medicine.

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

Document Type	Date(s) - Month/Day/Year
Texas Department of Insurance Notice of Case Assignment	7/31/2013
Utilization Review Determinations	7/05/2013-7/11/2013
Status Report : Follow Up Evaluation	10/16/2012-3/01/2013
Office Visit Notes	10/16/2012-12/10/2012
Office Visit Note	3/07/2013
Follow Up note	6/24/2013-7/25/2013
NCS Reports	5/29/2013
Radiology Report	9/25/2012

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Reconsideration Request	7/09/2013

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is a male who sustained a work-related injury on xx/xx/xx. Patient has a history of hypertension, diabetes, and a prior laminectomy with fusion in 2006. Patient continues to complain of pain in his back and legs bilaterally. Patient was treated with medications, work restriction, and physical therapy. An EMG of the lower extremities on 05/29/13 was within normal limits. MRI of the lumbar spine on 09/25/2012 showed bilateral posterolateral disc herniations at L2-L3 predominantly on the left and diffuse disc herniation at L3-L4 with facet disease and foraminal narrowing, postoperative changes at L4 through S1. Multiple physical exams by different physicians documented a VAS score between
7-8 over 10, paraspinal pain from L1-L5, positive leg raise test bilaterally. documented swelling at the L5-S1 area on 7/25/13, and positive hyperextension test and decrease sensation at L5-S1 bilaterally on 6/24/13.
On 3/7/13 reported poor toe walking, poor heel walking, diminished deep tendon reflexes bilaterally, and positive straight leg raise test bilaterally.

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

Per ODG References, the requested "1 Lumbar Epidural Steroid Injection at the bilateral L2-L3 and L3-L4 Levels under Epiduragraphy and fluoroscopic guidance between 7/09/2013 and 9/07/2013" is medically necessary. The patient meets multiple criteria to support epidural steroid injection, including pain in paralumbar area at L1-5, positive leg raise test bilaterally, decreased sensation at L5-S1, diminished DTR bilaterally, L2-3 bilateral disc herniation, L3-4 diffuse disc herniation 3 mm, bilateral facet hypertrophy with resultant bilateral foraminal narrowing, and patient has a history of Post laminectomy syndrome.

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 KNOWLEDGE BASE
- ☐ 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