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IRO Certificate #4599

Notice of Independent Review Decision

DATE OF REVIEW: 12/26/12

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Injection(s) Anesthetic Agent and/or steroid tranformaninal epidural w/imaging guidance, lumbar or sacral, single level. CPT 64484, 64483

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Physician Board Certified: **Anesthesiology & Pain Management.**

DESCRIPTION OF THE REVIEW OUTCOME THAT CLEARLY STATES WHETHER OR NOT MEDICAL NECESSITY EXISTS FOR EACH OF THE HEALTH CARE SERVICES IN DISPUTE.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld	(Agree)	
Overturned	**(Disagree)**	**X**
Partially Overturned	(Agree in part/Disagree in part)	

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Peer Review (2), D.O. & M.D, 11/09/12 & 12/10/12
Pre-Auth and Appeal Letters, 12/10/12, 12/06/12, 11/09/12
Clinic Notes/Patient Referral, D.O., , 12/12/12 - 10/27/12
Therapy/Clinic Progress Notes, 10/18/12 - 5/23/12
Radiology Reports/Final Report, *MRI*, 10/03/12
ODG

PATIENT CLINICAL HISTORY SUMMARY

This individual sustained a work-related injury in xx/xx. There was pain in the back and right leg in an L4 and L5 distribution. Physical therapy and medications have been provided. An MRI was reported to show a 3 millimeter disc bulge at L4-5 resulting in a 9 millimeter spinal canal and mild bi-lateral foraminal stenosis. Likewise, at L5-S1, a 3 millimeter bulge was present with mildly narrowed neural

foramina and an 8.5 millimeter spinal canal. The physical exam hip abductors were noted to be weak and right hip and right ankle dorsa-flexors were also weak 4 over 5.

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

I disagree with the benefit company's decision to deny the request. **Rationale**: ODG require evidence of radiculopathy with corroborating findings on MRI and failure of other modalities. Previous reviewers denied the request based on lack of evidence of radiculopathy. Dr. notes weakness in the right ankle dorsa-flexors which is objective evidence that radiculopathy is present. MRI demonstrates

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION (cont'd)

mild foraminal and central stenosis at L4 and L5. That is adequate corroboration with the site of pain and the weakness. It's reasonable per ODG to perform the transforaminal epidural steroid injection on the right L4 and L5.

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

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE 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 & EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS X

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X

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

DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE DESCRIPTION)