

INDEPENDENT REVIEW INCORPORATED



Notice of Independent Review

REVIEWER'S REPORT

DATE NOTICE SENT TO ALL PARTIES: 05/14/13

IRO CASE #:

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

Texas-licensed M.D., board certified in Orthopedic Surgery

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Epidural pain block of L5-S1

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)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
724.4	64483		Prosp				Xx/xx/xx		Overturn
724.4	64484		Prosp				Xx/xx/xx		Overturn

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. TDI case assignment.
2. Letters of denial 04/05/13 & 04/05/13, including criteria used in the denial.
3. Correspondence "Carrier Submission" 04/29/13.
4. Lab & radiology reports 11/09/12, radiology report 01/14/13, and referral form 01/24/13.
5. Treating doctor evaluations and follow up 01/24, 01/31, 02/21 and 03/14/2013.
6. H&Ps, office visits & TWC status reports 11/09/12 – 04/02/13.

PATIENT CLINICAL HISTORY (SUMMARY):

The injured employee is a male who suffered a straining injury on xx/xx/xx while lifting a door. He suffered low back pain, pain radiating into both the right and left leg, more severely on the left side with pain radiating all the way to the foot. He has been treated with activity modifications, medications, and physical therapy without significant benefit. Physical findings have demonstrated no motor deficit; however, there is a sensory deficit in the L5/S1 dermatome. MRI scan reveals herniated nucleus pulposus at the level of L5/S1 with neural foraminal encroachment on the left side. The current request is for epidural steroid and anesthetic injection.

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

I reviewed 109 pages of medical records. It would appear this individual has a straining-type injury to the lumbar spine with L5/S1 radiculopathy on the left side. His symptoms of pain have not been significantly affected by activity modifications and medications. Epidural steroid injection and anesthetic would appear to be appropriately recommended and should be performed.

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
- AHCPH-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 judgment, clinical experience and expertise in accordance with accepted medical Standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Office 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)