

DATE: 08/07/14

Notice of Independent Review

REVIEWER'S REPORT

DATE NOTICE SENT TO ALL PARTIES: 08/07/14

IRO CASE #:

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

M.D., board certified in Neurology with Added Qualifications in Pain Management, fellowship trained in Pain Medicine

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left L4 transforaminal/intraforaminal epidural steroid injection with sedation

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>
724.2	64483 77003 99144		Preauth. Preauth. Preauth.				Xx/xx/xx Xx/xx/xx Xx/xx/xx		Overturned Overturned Upheld

PATIENT CLINICAL HISTORY (SUMMARY):

This claimant sustained a work-related injury on xx/xx/xx. Chief complaint was that of low back pain with radiation into the left lower extremity. He has undergone treatment with physical therapy and two epidural steroid injections, the first one done on 02/05/13 and the second one done on 02/28/13. These were transforaminal epidural steroid injections done on the left at the L5 level. There was significant relief documented for one and two weeks respectively. MRI findings suggest a broad-based disc herniation at L5-S1, as well as a small disc bulge at L4-L5 with facet hypertrophy that causes mild bilateral neural foraminal stenosis. The latest progress notes indicate that the claimant is working, but that his pain flares up, leading to a request for an updated transforaminal epidural steroid injection in the left, this time targeting the level above his symptomatology, described as an infraforaminal route. This is requested to be completed under fluoroscopic guidance and with intravenous sedation, similar to his prior injections last year.

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

This claimant clearly benefited from epidural steroid injections done over a year ago. The reason for the updated request is for a flare-up in his radicular pain. There have been denials based on the fact that the level being requested now is one above his symptomatology. Official Disability Guidelines do not make clear that repeat injections, done for therapeutic purposes, must be done at the same level. Since the claimant did experience significant and extended pain relief from the previous injections and the requested procedure is hoped to offer similar relief, but from a different approach, I think that it would be reasonable to allow this. However, I do agree with the previous reviewers that there is insufficient support for IV sedation to be utilized for this requested procedure.

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
- 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 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)