

P-IRO Inc.

An Independent Review Organization

Phone Number:
(817) 779-3287

1301 E Debbie Lane Suite 102 PMB 203
Mansfield, TX 76063
Email: p-iro@irosolutions.com

Fax Number:
(817) 385-9612

Notice of Independent Review Decision

Case Number:

Date of Notice: 03/24/2016

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Anesthesiology And Pain Management

Description of the service or services in dispute:

2nd lumbar ESI at L5/S1

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)

Patient Clinical History (Summary)

The patient is a female who reported injury on XX/XX/XX. The patient was diagnosed with sprain of ligaments of lumbar spine. The mechanism of injury was moving a case of water that slipped causing pain in her back. Prior treatment to date includes 22 sessions of physical therapy, and an epidural steroid injection given on XX/XX/XX. On XX/XX/XX, the patient complained of low back pain. The pain radiated into the left lower extremity. The patient reported she was able to stand less than 30 minutes, able to sit for less than 30 minutes, able to walk for less than 30 minutes. The pain level was rated 0/10 to 3/10 on VAS. Pain level at worse was 7-9/10 on VAS. Pain level at best 0/10 to 3/10 on VAS. The pain was described as sharp pain, burning, stabbing, numbness, and tingling. Alleviating factors included ibuprofen and Aleve. On XX/XX/XX, the physician reported improvement in overall pain by more than a half. After the procedure, the patient was able to stand longer, sit longer, walk longer, sleep better, decrease pain medicine, less stress, side effects were not noted, the patient was not working at this time.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

Per the clinical notes submitted for review, the patient had a lumbar epidural steroid injection L5-S1 performed on XX/XX/XX. On XX/XX/XX, improvement in overall pain by half after the procedure was reported. On XX/XX/XX, improvement in overall pain by more than a half after the procedure was reported to include the patient was able to stand longer, sit longer, walk longer, sleep longer, and decrease pain medication. On XX/XX/XX, the pain level was rated 0/10 to 3/10. The Official Disability Guidelines recommend repeat injections when there is evidence of continued objective documented pain relief, decreased need for pain medication, and functional response. Given the physician noted on the clinical note dated 02/08/2016, the patient had improvement in pain by more than half, improvement in function, and decrease in medication, the requested treatment is supported. Therefore, the request for 2nd lumbar ESI at L5/S1 is medically necessary. As such, the previous determination is overturned.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- 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-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)