



IRO REVIEWER REPORT – WC

DATE OF REVIEW: 05/02/16

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar ESI

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

Board Certified in Orthopedic Surgery

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute:

- Lumbar ESI – Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

The worker was injured in a motor vehicle accident, being struck by another vehicle from the rear. He has received conservative treatment including chiropractic care, medications and an MRI. The lumbar MRI shows lumbar disc bulges, at L2-3, L3-4, L4-5 and L5-S1. These are all degenerative in nature. There is no evidence of radicular pain: The treating physician does not specify that the pain radiates in a radicular fashion, and does not document any objective findings.

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

The examinations do not convey the information that would be necessary to claim that there were radicular findings or pain. In the absence of a specific physical examination demonstrating objective findings, in the absence of a specific plan (no level is given, nor

side), and the lack of an MRI documenting neurologic compression, the request for epidural injection does not meet the criteria set forth in the ODG.

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

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**