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DATE NOTICE SENT TO ALL PARTIES: May/09/2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: TESI Under Fluoroscopy Right L5-S1

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: MD - Board Certified Anesthesiology

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 medical necessity exists for each health care service in dispute. It is this reviewer's opinion that medical necessity for TESI under fluoroscopy right L5-S1 has not been established.

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who was injured on XX/XX/XX while working under the X of a X. The patient developed complaints of low back pain radiating to the right lower extremity. The patient was initially treated with medications and physical therapy with limited improvement. The patient did undergo 2 prior epidural steroid injections to the right at L5-S1 on XX/XX/XX and again on XX/XX/XX. The patient was being followed the most recent injection.

The XX/XX/XX clinical report from XX indicated the patient's pain had not changed since his prior visit which occurred on XX/XX/XX. The XX/XX/XX clinical report noted continuing pain in the right leg in an L5-S1 distribution. The patient's physical exam did note a positive straight leg raise test to the right with notable atrophy in the calf region including the tibialis anterior. The XX/XX/XX report XX also noted atrophy and weakness to the right lower extremity. The requested epidural steroid injection was denied by utilization review on XX/XX/XX as there was limited documentation regarding radiculopathy. It was again denied on XX/XX/XX as there was limited documentation regarding the efficacy of prior injections.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient has been followed for persistent radicular complaints involving the right lower extremity. The most recent physical exam findings from XX did note atrophy in the right lower extremity including the tibialis anterior. The patient is noted to have had prior epidural steroid injections with the last injection completed in XX/XXXX. The records did not discuss the clear efficacy of epidural steroid injections as recommended by current guidelines. It is unclear what percentage of pain relief was obtained with prior epidural steroid injections as well as any functional benefit. Given the noted atrophy on physical exam, it is also unclear how epidural steroid injections would provide any further functional improvement or symptom reduction. The patient does appear to suffer from severe radiculopathy. As the prior reviewer's concerns have not been addressed, it is this reviewer's opinion that medical necessity for TESI under fluoroscopy right L5-S1 has not been established and the prior denials remain upheld.

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

ACOEM-AMERICA 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 JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL 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)