



Medwork Independent Review

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MEDWORK INDEPENDENT REVIEW WC DECISION

DATE OF REVIEW: 02/01/2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Bilateral L3, L4 lumbar transforaminal epidural steroid injections with lumbar transforaminal epidural steroid injections with fluoroscopy and monitored anesthesia.

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

Texas State Licensed MD Board Pain Management Physician.

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.

PATIENT CLINICAL HISTORY:

The patient is a male who sustained a work-related injury on XX/XX/XX involving the lumbar spine. Subsequent to the injury, claimant underwent L4 through S1 lumbar decompression laminectomy performed in XXXX. Noted was a cervical fusion performed in XXXX as well. The patient has undergone postsurgical physical therapy as well as medication management and physical therapy. He complains of low back pain with radiation to the anterior thighs with a review score of 5/10.

The patient underwent previous bilateral lumbar facet joint injections, certified XX/XX/XX, performed on XX/XX/XX. Lumbar MRI performed on XX/XX/XX reveals L4-L5 spondylolisthesis and bilateral facet joint arthropathy, L3-L4, L4-L5 and L5-S1 levels. Plain film x-rays of the lumbar spine revealed on XX/XX/XX multilevel lumbar spondylosis with facet arthrosis. Last office note submitted by claimant's treating physician or requesting provider on XX/XX/XX reveals a physical examination documenting tenderness over lumbar paravertebral muscles; deep tendon reflexes measured at bilateral patella 3+/5, bilateral ankle joint 2-3/5. Remainder of the examination was essentially unremarkable.



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

At review of the information submitted, the previous denial for the bilateral L3, L4 lumbar transforaminal ESI has been upheld. Follow-up notes submitted did not provide any information regarding the presence or absence of sensory, motor or reflex deficits in the lower extremities or any other associated findings indicative of lumbar radiculopathy.

Radiographic imaging studies submitted did not reveal any significant lumbar disc herniation, spinous nerve root compression and/or spinal stenosis. Therefore, due to the lack of available and relevant clinical information supporting the application, but typically as stated above, there is no significant objective radiculopathy. Follow-up notes submitted. Request for denial has been upheld. Medical necessity of the request did not meet the criteria for consideration of lumbar epidural steroid injections via ODG guidelines and the low back-epidural injections.

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 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)