

# IRO Express Inc.

## *Notice of Independent Review Decision*

Case Number: XXXX

Date of Notice: 7/9/2018 12:23:58 PM CST

### IRO Express Inc.

An Independent Review Organization

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#### IRO REVIEWER REPORT

**Date:** 7/9/2018 12:23:58 PM CST

**IRO CASE #:**XXXX

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Lumbar epidural steroid injection left L5/S1

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

#### REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- |   |                                |
|---|--------------------------------|
| <input type="checkbox"/> Overturned           | Disagree                       |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld    | Agree                          |

**PATIENT CLINICAL HISTORY [SUMMARY]:** This case involves a XX with a history of an occupational claim from XX. The mechanism of injury was not detailed in the documentation provided for review. The current diagnosis is documented sprain of the ligaments of the lumbar spine. The MRI of the lumbar spine from XX revealed at the L5-S1 there is broad-based posterior central disc herniation measuring 2 mm AP. The office visit note from XX notes that the patient complained of low back pain. Pain radiated to the left lower extremity. An MRI was positive for herniated disc at the L5-S1. The patient was able to stand for less than 30 minutes, sit for less than 30 minutes and walk for less than 30 minutes. Pain was 7–9/10. Pain was aching and throbbing and better with a TENS unit.

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

The official disability guidelines note that epidural steroid injections are recommended for patients with radiculopathy on examination that is corroborated by imaging studies. The patient needs to be unresponsive to conservative treatment. The documentation indicates that the patient has previously completed conservative treatment. The patient had continued complaints of low back pain that was a 7–9/10. However, there was no evidence of radiculopathy on the physical examination provided for review.

Therefore, the request for lumbar epidural steroid injection left L5-S1 is not medically necessary and the prior determination is upheld.

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### **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
- ☐ AHRQ- 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- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Low back, Epidural steroid injection (ESIs), therapeutic