



## REVIEWER'S REPORT

**DATE OF REVIEW:** 03/23/07

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:**

Caudal epidural steroid injections utilizing anesthetic and possibly lysis of adhesions under fluoroscopy with IV sedation.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., orthopedic surgeon with experience in the evaluation and treatment of patients with axial spine injuries.

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

1. URA denial February 16 and 22, 2007
2. DO, records from January 25-February 1, 2007
3. Lumbar spine MRI from April 2, 2004
4. Lumbar MRI from 1/14/2005
5. Triphasic bone scan, March 30, 2006
6. History and Physical, Institute, February 5, 2005
7. Radiology review, Institute, February 9, 2005

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The injured employee is a male who suffered a sequence of falls. The clinical history is incomplete; however, apparently he underwent some surgery on the lumbar spine region

in November 2005. At the present time it would appear that the patient is suffering chronic lumbosacral pain with a complex regional pain syndrome.

**ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:**

The clinical information provided is insufficient to justify epidural caudal steroid injections with attempts to bolus and lysis of adhesions. It is not clear that adhesions even exist. The complex regional pain syndrome, if that be the diagnosis, would not likely be benefited by caudal epidural steroid injections but rather lumbosacral sympathetic blockade. The diagnosis is not clear, and the potential for benefit from the requested procedure and/or procedures is not clear.

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

*(Check any of the following that were used in the course of your review.)*

- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)