



DATE OF REVIEW: 08/07/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1. Series of two lumbar epidural steroid injections with fluoroscopy and four to six trigger point injections
2. Physical therapy

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.O., licensed physician in the State of Texas with an active medical license, fellowship-trained in Pain Management, Board Certified in Anesthesiology with Certificate of Added Qualifications in Pain Medicine, with twenty years of clinical experience

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. Medical records from Dr. with a time period of 05/20/05 through 07/16/07
2. Physical Reviewer Determinations dated 07/11/07 and 07/18/07
3. Lumbar MRI report dated 02/06/06

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This claimant was allegedly injured on xx/xx/xx. She was first evaluated by Dr. on 05/20/05, years after the alleged work injury. In that evaluation Dr. noted that the claimant was working . While carrying a wooden ladder and wearing a tool belt, the claimant fell on the ground, turning to the left side as she fell. She subsequently underwent physical therapy. An MRI scan from December 2004 showed multilevel spondylosis, mild disc bulge and protrusion on the RIGHT with mild foraminal narrowing at L2/L3, L3/L4 disc bulge, broad disc bulge at L4/L5 and disc protrusion at L5/S1. The claimant’s complaint to Dr. was of lumbar and LEFT lower extremity pain. Dr. also noted the claimant had already undergone an IDET procedure at the L3/L4 and

L4/L5 levels but continued to have pain. On physical examination, Dr. noted normal reflexes in all four extremities, normal sensation in all four extremities, and positive straight leg raising for low back pain only. He also noted tenderness to the quadratus lumborum, gluteus maximum, and gluteus medius muscles.

Dr. ordered a lumbar MRI scan, which was performed on 02/06/06, with a comparison to the previous MRI scan of 12/15/04. The radiologist noted a diffuse annular bulge at L3/L4 with left greater than right lateral recess stenosis as well as left greater than right neural foraminal narrowing. This was noted to be “progressed” when compared to the previous study. AT L1/L2, L2/L3, and L5/S1, no significant findings were noted. At L4/L5 right greater than left lateral recess narrowing was noted with no central canal stenosis, right greater than left neural foraminal narrowing was also noted with “progressed” findings compared to the previous study. It must be remembered that the claimant’s complaint involved the LEFT leg not the right. Therefore, the only findings of significance would have been at the L3/L4 level.

Dr. then followed up with the claimant on 01/09/07 after she had undergone two epidural steroid injections and trigger point injections, allegedly with 70% relief. There was, however, no notation of the claimant’s actual pain level. On physical examination Dr. documented the same trigger point tenderness of the quadratus lumborum, gluteus maximum, and gluteus medius as he had in May but did not document any neurologic exam. He recommended the claimant undergo a third epidural steroid injection, following up with her on 04/10/07, approximately two months after the third epidural steroid injection, documenting her ongoing lumbar and left lower extremity pain. Physical examination again documented the same trigger point tenderness but no neurologic exam.

Dr. then referred the claimant for a discogram, commenting on its results on 05/10/07. He noted that the discogram was negative for concordant pain at L3/L4 and L5/S1 with CT scan evidence of right partial thickness annular tear at L5/S1 and right lateral disc protrusion with neural foraminal narrowing at L4/L5. Again, since the claimant’s pain was on the left side, these findings would not be of significance. The L4/L5 disc also showed reproduction of symptoms to the lower back and leg. Therefore, given the contralateral findings of the CT scan relative to the claimant’s left leg complaint, this discogram finding contains no valid physiologic information. The claimant still continued to have the same trigger point findings on exam but no neurologic findings. Dr. recommended that the claimant obtain a surgical opinion for “surgical options” for the management of her pain.

Dr. followed up with the claimant on 06/05/07, documenting the same moderate to severe pain, the same trigger point tenderness, and the same lack of any neurologic finding. He again indicated the claimant would be referred for surgical opinion.

On 07/05/07, one month later, Dr. noted the claimant had undergone a “acute exacerbation” of her pain. However, the pain was still in the exact same place with the exact same severity as it had always been. Physical examination, moreover,

demonstrated nothing more than the same trigger point tenderness and no abnormal neurologic findings. Dr. now recommended a series of two lumbar epidural steroid injections with trigger point injections as well as twelve visits of physical therapy.

A physician reviewer on 07/11/07 reviewed the file, recommending nonauthorization of the procedure due to the lack of radiculopathy on exam. Dr. then wrote a letter of reconsideration on 07/16/07, stating the claimant had undergone epidural steroid injections and trigger point injections in the past with “over nine months of relief.” Dr.’s records, however, clearly did not support this assertion as the claimant had return of pain no more than two months after the third epidural steroid injection in February 2007. Furthermore, Dr. used as support for his requested procedure the Texas Workers’ Compensation Act, Section 408.021.

A second physician adviser on 07/18/07 reviewed the file for reconsideration, upholding the nonauthorization.

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

First, this claimant has pain which is contralateral to radiologic imaging findings. As such, her pain complaint is nonphysiologic, nonorganic, and, therefore, a contraindication to invasive treatment such as epidural steroid injection. Second, although Dr. alleges that the claimant had over nine months of relief following previous lumbar epidural steroid injections, the records clearly prove otherwise, as she had return of pain no more than two months after Dr. had completed the third of three epidural steroid injections. Moreover, the claimant has continued to have the same trigger point tenderness on virtually every examination documented by Dr., despite his having performed multiple trigger point injections. Moreover, except for the initial evaluation, Dr. has not documented any evidence of radiculopathy. In fact, he has not documented any evidence of a neurologic examination in over two years. The initial examination evidence of positive straight leg raising test causing low back pain is not evidence of radiculopathy and, therefore, does not support the claimant undergoing any epidural steroid injections. Moreover, the discogram clearly demonstrated nonphysiologic invalid results as well as did the post discogram CT scan and MRI scan evaluation before that. Finally, Dr.’s quoting of the Texas Workers’ Compensation Act, Section 408.021, is not pertinent in this case, as the effects naturally resulting from the compensable injury did not and do not include degenerative disc disease. Therefore, epidural steroid injection would not be expected to “cure or relieve” any effects naturally resulting from the compensable injury. Moreover, epidural steroid injections did not “promote recovery” or “enhance the ability of the employee to return to or retain employment.” In fact, the claimant has, according to Dr., continued working at full duty without difficulty. Therefore, since the claimant has previously undergone identical procedures without sustained benefit, has clear, objective evidence of nonphysiologic inorganic pain that is not supported by or explained by objective imaging studies, and has evidence of degenerative disc disease, an ordinary disease of life rather than any acute injury allegedly caused by the xx/xx/xx work event, there is no medical reason or necessity for the requested series of two lumbar epidural steroid injections, four to six trigger point injections done twice two weeks apart, nor

physical therapy. ODG Guidelines do not support performance of epidural steroid injections for pain contralateral to objective imaging study findings nor for pain which is not substantially and sustainably relieved by prior lumbar epidural steroid injections. Two months or less of alleged pain relief is not sufficient to justify repeating the procedure, nor is there, in my opinion, medical necessity for such a procedure to treat the alleged work injury, which appears to be nothing more than a lumbosacral strain event, an event that would not have caused any of the abnormalities seen on lumbar MRI scan or lumbar CT scan.

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.)