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DATE OF REVIEW: 12/2/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

3 Lumbar epidural steroid injection

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

M.D., neurologist, fellowship trained in Pain Management, board certified in Neurology and Pain Medicine

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Preauthorization decision by dated 10/11/07 and 10/30/07
2. Prospective Review and Response dated 11/13/07 by Dr.
3. Office notes and procedure notes by Dr. with dates ranging from 09/09/04 through 10/22/07
4. EMG of the bilateral lower extremities
5. No ODG Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

This claimant sustained a work-related injury on xx/xx/xx in which he fell and injured his back and arms. He has a history of lumbar laminectomy “many years ago” and has been diagnosed with essentially a chronic lumbar radiculopathy, primarily at the L5 level on the left as well as “post laminectomy syndrome.” He has also been given a diagnosis of “arachnoiditis” as well as “epidural fibrosis.” Examination has apparently shown findings consistent with lumbar radiculopathy on the left including sensory disturbance as well as a foot drop on the left, both of

which are chronic. EMG study in the lower extremities on 03/14/02 reportedly showed some “irritability” on the left anterior tibialis as well as extensor hallucis and medial gastrocnemius, but reportedly did not show any clear-cut evidence of lumbar radiculopathy. This claimant has been treated with different modalities including trigger point injections, medications including short-acting opioids such as hydrocodone, Elavil, and Ecotrin as well as home exercises. He has also been provided with a series of epidural steroid injections performed almost every one to two months chronically. Records that I have available today indicate epidural steroid injections being done in the lumbar spine on 09/09/04 thru 10/04/07. Trigger point injections were also done using steroids on 12/17/04 around the lumbar spine musculature. Several of the procedure notes by Dr. for the epidural steroid injections indicate that the claimant has been receiving “periodic lumbar epidural steroid injections” with multiple notes indicating that he derives relief for usually one month at a time, during which time he has decreased pain symptoms and decreased need for pain medications. Also noted is a medical history for this claimant of diabetes.

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

It certainly does appear that this claimant has a chronic radiculopathy in the left leg that appears to be static as far as deficits that are measurable such as sensory deficit, muscle weakness such as foot drop, etc. It is unclear to this reviewer whether this represents chronic injury to the lumbar nerve root affected versus ongoing irritation and/or compression from current compressive disease, etc. Nonetheless, there certainly is no justifiable reason to continue with repetitive periodic lumbar epidural steroid injections for treatment of chronic radiculopathy. Not only has this approach proven to have no lasting benefit to this claimant, but it may certainly also complicate his diabetic condition conceivably. The Reviewer finds no medically justifiable reason to have this claimant continue with these periodic lumbar epidural steroid injections any further. The Reviewer considered the ODG Guidelines in the determination of this case, but as discussed above, the Patient’s circumstances were such that the Reviewer determined it was necessary to diverge from the Guidelines.

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)