

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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Notice of Independent Review Decision

DATE OF REVIEW: December 12, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar epidural steroid injection (CPT codes 62311, 72275).

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

Neurosurgery – Board Certified

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

Medical records from the Carrier/URA include:

- Official Disability Guidelines, 2007
- Employer's First Report of Injury or Illness
- Medical Centers, M.D., 08/16/07
- Medical Centers, P.T. 08/16/07
- Medical & Minor ER Center, M.D., 08/17/07, 08/21/07

December 12, 2007

Page 2 of 4

- Orthopaedic Center, P.A., M.D., 08/23/07, 08/31/07, 09/13/07, 09/25/07, 09/27/07, 10/01/07, 10/18/07, 10/31/07, 11/09/07
- Center for Physical Medicine, 09/12/07
- 10/04/07, 11/07/07
- Management Inc., 12/05/07

Medical records from the Provider include:

- Orthopaedic Center, M.D., 08/23/07, 08/31/07, 09/13/07, 09/25/07, 09/27/07, 10/18/07, 11/09/07, 11/30/07

PATIENT CLINICAL HISTORY:

This male injured his low back on the job while loading stock on a pallet. The patient eventually was treated by M.D., a neurosurgeon at the Orthopaedic Center. At that time, the patient's chief complaint was that of back pain and no leg symptoms. There were subsequent office follow-ups noted on August 31, 2007 and September 13, 2007, with continued conservative treatment recommended, as well as medications.

The patient underwent an MR on September 25, 2007. The MR revealed spondylitic changes at L4-5 and L5-S1 and a mild disc protrusion at L4-5.

On a follow-up note of September 27, 2007, Dr. recommends an epidural steroid injection.

On the follow-up note of October 18, 2007 it is noted by Dr. treating physician, that the patient's pain is now going into his left leg and that there is numbness and tingling. Apparently the initial epidural steroid injection recommendation was denied by the carrier on the basis that the patient just had back pain.

There is a subsequent note from November 9, 2007 indicating a second denial on the basis of no indication for the lumbar epidural steroid injection. Dr. recommends a benefit review conference, and subsequently on November 30, 2007, recommends an IRO.

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

My impression of this case is that the patient's initial findings were consistent with lumbar strain. However, it appears that he has evolved to develop lumbar radiculopathy. The lumbar radiculopathy appears to have evolved since the original MR. At this point, I have no problems with recommending lumbar epidural steroids. This certainly falls within the ODG guidelines. The patient does indeed have what sounds like a bona fide lumbar radicular syndrome, and

apparently is incapacitated and is unable to work at his normal occupation. I disagree with the original denial.

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

December 12, 2007

Page 4 of 4

FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)