

**SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.**  
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**DALLAS, TEXAS 75231**  
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**DATE OF REVIEW:** December 31, 2007

**IRO CASE #:**

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

Lumbar caudal epidural steroid injection under fluoroscopy

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

Diplomate, American Board of Anesthesiology; Diplomate, American Academy of Pain Management

**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 Provider include:

- Pain Group, 08/29/06, 09/29/06, 11/01/06, 11/30/06, 12/29/06, 01/31/07, 02/28/07, 03/27/07, 04/24/07, 06/29/07, 08/07/07, 08/28/07, 10/10/07, 11/28/07

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Medical records from the URA include:

- Official Disability Guidelines, 2007
- Pain Group, M.D., 01/31/07, 03/27/07, 04/24/07, 06/29/07, 08/07/07, 08/28/07, 10/10/07, 10/16/07
- D.O., 11/08/07, 12/06/07

Medical records from the Law Offices include:

- Official Disability Guidelines, 2007
- Medical Center, 05/22/03, 06/12/03, 07/09/03, 07/28/03, 08/05/03, 08/13/03, 03/15/04
- Tyler Open MRI, 11/03/03
- Spine Clinic, 11/12/03, 11/20/03
- M.D., 12/16/03
- Hospital, 01/26/07, 01/31/07, 02/16/07
- M.D., 03/16/07
- Pain Group, M.D., 09/14/06, 10/19/06, 11/13/06, 12/12/06, 02/19/07, 01/26/07, 03/27/07, 08/07/07, 08/28/07
- M.D., 06/29/07
- Law Offices, 12/17/07

### **PATIENT CLINICAL HISTORY:**

The patient is a female who sustained an injury involving the lumbar spine. Mechanism of injury is not documented. Current diagnosis is post laminectomy syndrome of the lumbar spine. Subsequent to the injury, the patient underwent a 360-degree fusion in and a redo fusion. Currently the patient is complaining of continued chronic low back pain and lower extremity pain. It appears the requesting provider has been treating the patient. Despite aggressive medication management, the patient has had to progressively increase her narcotic medication in order to achieve optimal pain relief. Requesting provider states specifically that the patient in no way, shape, or form has ever misused medications or not followed her medication regimen. In addition, the patient does not embellish her examination and reveals no evidence of symptom amplification. From the To Whom It May Concern correspondence to the insurance carrier, the requesting provider is having an extremely difficult time controlling the patient's pain. He has determined a medical necessity for the requested intervention to help/assist with pain control (low back pain flare-ups) and improve her function (ADL). Current medication management consists of OxyContin that has been increased from 80 to 120 mg, 1 p.o. q day, Dilaudid 4 mg q 4-6 hours p.r.n. breakthrough pain, Skelaxin 800 mg t.i.d., Celebrex 200 mg b.i.d., Cymbalta 60 mg q day, Prozac 40 mg 1 q.a.m., and Ambien 10 mg 1 p.o. q.h.s.

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The patient does not currently want to pursue aggressive pump placement and/or neuromodulation reportedly.

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

It is the opinion of this reviewer that despite multi modality conservative treatment, the patient continues to experience severe bouts of low back pain. The patient is unable to function, has issues with stress and insomnia, and likely is unable to perform activities of daily living without discomfort. Current medication management is providing suboptimal relief. In my opinion, it is medically reasonable to proceed with a caudal epidural steroid injection.

The patient is most certainly an outlier to ODG Guidelines, and this determination does not fall under ODG Guidelines. Other evidence based guidelines used would be Official Journal of the American Society of Interventional Pain Physicians January 2007, Volume 10, Number 1, under Epidural Steroid Injections And The Management Of Chronic Spinal Pain: A Systematic Review.

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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**
- 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)** Official Journal of the American Society of Interventional Pain Physicians January 2007, Volume 10, Number 1
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**