



IMED, INC.

1701 N. Greenville Ave. • Suite 202 • Richardson, Texas 75081
Office 972-381-9282 • Toll Free 1-877-333-7374 • Fax 972-250-4584
e-mail: imeddallas@msn.com

Notice of Independent Review Decision

DATE OF REVIEW: 12/04/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Epidural steroid injection to the L4-L5 level.

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

Texas License
Board Certified Physical Medicine and Rehabilitation

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Lumbar spine MRI report dated 07/24/07.
2. Functional Capacity Evaluation report dated 09/10/07.
3. Documentation from Dr. dated 10/08/07, 10/29/07.
4. Preauthorization request/denials dated 10/11/07 & 11/26/07.
5. ***Official Disability Guidelines.***

PATIENT CLINICAL HISTORY (SUMMARY)

The available medical records document that the employee developed difficulty with low back pain while attempting to assist in the transfer of a patient from a bed to a stretcher.

A lumbar MRI was accomplished on 07/24/07. By report, this study revealed evidence for a disc bulge at the L4-L5 level. Reportedly, the study did not reveal any findings worrisome for a compressive lesion upon any of the neural elements in the lumbar spine.

A Functional Capacity Evaluation (FCE) was accomplished on 09/20/07. It was documented that range of motion was within normal limits with respect to the upper extremities and lower extremities. There were no documented neurological deficits. Review of this evaluation indicated that the employee appeared capable of light medium work activities.

The employee was evaluated by Dr. on 10/08/07. No neurological deficits were documented to be present on physical examination.

Dr. reevaluated the claimant on 10/29/07, at which time, the claimant was provided a prescription for morphine and Flexeril.

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

Based upon the clinical documentation available for review, the medical necessity for treatment in the form of a lumbar epidural steroid injection would not appear to be established.

There were no neurological deficits documented on physical examination. Additionally, there was no documentation to indicate that there were any consistent, definitive radicular symptoms present. Also, a lumbar MRI accomplished after the date of injury did not disclose the presence of any findings worrisome for a compressive lesion upon any of the neural elements in the lumbar spine.

As a result, as would appear to be supported by **Official Disability Guidelines**, treatment in the form of a lumbar epidural steroid injection would not appear to be of medical necessity. **Official Disability Guidelines** would not support treatment in the form of therapeutic injections in this particular case when it would not appear to be definitive objective evidence of a radiculopathy. Objective evidence of a radiculopathy requires dermatomal distribution of pain, numbness, and/or paresthesias in a dermatomal distribution. There was no documentation to indicate that an electrodiagnostic assessment was accomplished as well to confirm the objective presence of an active radiculopathy.

Therefore, based upon the clinical documentation available for review, there would not appear to be a medical necessity for treatment in the form of a lumbar epidural steroid injection in this particular case.

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

1. **Official Disability Guidelines**