



REVIEWER'S REPORT

DATE OF REVIEW: 12/06/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Lumbar epidural steroid injection with IV sedation and fluoroscopy.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine and Rehabilitation, Pain Management

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. I reviewed an 11/02/07 report from Dr.
2. I reviewed a 07/22/04 report from Dr. an EMG study, which showed “suggestive right L5 radiculopathy versus mild generalized peripheral neuropathy.”
3. I reviewed an MRI scan of 08/04/07 authored by Dr. which shows “L4/L5 relative multifactorial central canal and bilateral neural foraminal canal stenosis.”
4. I reviewed notes from the Chiropractic clinic dated 06/21/06.
5. I reviewed notes from Dr.
6. I reviewed reports from Dr. on 01/25/07 where he recommended lumbar epidural steroid injections.
7. I reviewed a 07/13/07 report from Dr.
8. I reviewed notes from Dr. who indicated at that time that the injured employee had a history of a positive EMG study for radiculopathy. He had complaints of moderate low back pain radiating to his buttock and leg with a positive straight leg raising sign, and prolonged sitting made his symptoms worse. He indicated reference of a central canal stenosis on MRI scan.

9. I reviewed a procedure note of 08/22/07 from Dr. a lumbar epidural steroid injection under fluoroscopy. On 08/30/07 the patient was feeling 50% improvement in his back, buttock, and leg pain.
10. I reviewed a 10/01/07 report from Dr. He reiterates that the injured employee was having low back pain with radicular symptoms on the left leg with positive straight leg raising. He was walking in an antalgic posture and did derive 50% improvement from the first injection.

ODG Guidelines were not presented to the IRO by the carrier.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This is a injured employee who developed lower back pain while climbing down a ladder. He slipped and fell and heard a loud pop in his back. He did receive an epidural steroid injection in April 2007 with improvement. He had degenerative disc disease in his lumbar spine per MRI scan report of 08/04/04. He is under psychiatric management for depression. He had an EMG reporting a right L5 radiculopathy on 05/22/04. His MRI scan of 08/04/04 did not show a disc herniation. Notes from Dr. indicate he has had bilateral lower extremity symptoms in the spring of this year with a more recent positive straight leg raising on the left side with positive straight leg raising and antalgic posturing. On 07/13/07 Dr. indicated that he had right lumbosacral radiculopathy, and on 10/01/07 he had a left lumbosacral radiculopathy.

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

It appears that the employee has lower back pain likely secondary to a degenerative disc condition. There is no evidence of any compression neurologic abnormality on the MRI scan report. However, he does appear to have electrodiagnostic evidence suggestive of a right lumbosacral radiculopathy at one point in time. What is confusing in this file is Dr.'s commentary that the injured employee at times has "positive straight leg raise" and has leg pain, but he does not say which side. At one point he was saying he was having leg pain bilaterally. He then went on to state that he had left leg pain and that the EMG supported his symptoms, yet the EMG study showed the problem on the right side, not the left side. The MRI scan has no correlation whatsoever with any radicular symptoms, being a noncompressive entity by report. The injured employee did identify 50% improvement from the first epidural steroid injection, and the ODG Guidelines do permit up to two epidural steroid injection when it is performed in conjunction with a functional rehabilitation program as well as when there has been 50% improvement following the first injection. The epidural steroid injections per the ODG Guidelines also are indicated for radicular symptoms, which this individual appears to have, although Dr. did not clarify what this gentleman's exact clinical picture is. Does he have right-sided lumbosacral radiculopathy consistent with the EMG study? Does he have left-sided leg pain not supported electrodiagnostically? Conflicting evidence does not allow the reviewer to approve the ESI at this time, as the clinical picture is vague and may not reflect the actual clinical condition of the patient.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)