



LIFE THREATENING ASSIGNMENT

REVIEWER'S REPORT

DATE OF REVIEW: 12/08/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Lumbar epidural steroid injection with 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 a 12/30/02 report from Dr. He references the injured employee to have undergone a left L4/L5 laminectomy and having persistent mechanical low back pain.
2. The patient underwent a myelogram on 01/15/03. The impression of the post myelogram CT scan was “no spinal stenosis, no foraminal stenosis, and no significant disc bulge or herniation.” This was read by Dr.
3. On 01/20/03 Dr. indicated the injured employee wished to proceed with fusion from L3 to L5.
4. On 02/05/03 Dr. did surgery. The procedure was “L3 through L5 decompressive laminectomy, bilateral L3, L4, and L5 root decompression, recurrent, microscopic, repair bilateral L3/L4 and L4/L5 excision of herniated disc, recurrent, microscopic, bilateral L3/L4 and L4/L5 anterior spinal column arthrodesis, interbody technique, bilateral L3/L4 and L4/L5 interbody cages, bilateral L3/L4 and L4/L5 pedicle screws and rods with crosslink, bilateral L3 to L5 posterolateral fusion, morselized autograft paraspinous fusion stimulator.”

5. On 04/06/03 Dr. indicated that the injured employee was walking quite well following his fusion.
6. X-ray report of the lumbar spine dated 05/08/03 from Dr. showed "postoperative change secondary to posterior decompression procedure with bilateral posterior fusion noted at L3/L4 and L4/L5 levels. Interdisc spaces are seated within the L3/L4 and L4/L5 disc spaces."
7. On 05/08/03 Dr. indicated the fusion was healing, but he was still having residual lower back pain.
8. X-rays of the lumbar spine dated 11/20/03 showed, "Pedicule screws and rods noted from L3 to L5 with intervertebral carbon spacers at L3/L4 and L4/L5. Alignment appears near-anatomic. Electrical stimulator is noted posteriorly. No fractures or subluxations."
9. On 12/22/03 he was still having some back pain, and the spinal fusion stimulator battery was bothering him. He wanted it removed. This was surgically removed on 01/09/04 by Dr.
10. On 02/16/04, approximately one year after the surgery, he was having diminished mobility in his back with slightly antalgic gait but no neurological deficits.
11. MRI scan of the lumbar spine on 03/04/04 showed "postoperative changes with no evidence of extensive scarring or disc material in the central canal or neural foramen." This was signed by Dr.
12. I reviewed additional progress notes through 09/20/04 from Dr. Myelogram was performed on 10/05/04 by Dr. He references some central and bilateral L2/L3 defects in his note of 10/11/04.
13. On 07/25/05 he was having an ache in his lower left lumbar region without leg symptoms.
14. He had an epidural steroid injection by Dr. on 03/31/06.
15. On 04/17/06 the note indicated that he did not have any significant benefit from the injection.
16. Myelogram report from 04/28/06 offered by Dr. shows "postoperative change secondary to posterior decompression procedure with bilateral posterior fusion procedure noted at L3/L4 and L4/L5 disc space levels. Bilateral pedicle screws are present at L3, L4, and L5 transfixing posterior compression plates extending from L3 to L5. Interdisc spaces are present within the L3/L4 and L4/L5 disc spaces. There is a moderate anterior/exterior defect noted at the L2/L3 disc space. Lumbar myelogram is otherwise unremarkable."
17. On 12/07/06 he was having low back pain with an antalgic gait and positive straight leg raising bilaterally.
18. I reviewed a report from Dr. dated 11/01/07.
19. I reviewed a report from Dr. dated 11/14/07.

ODG Guidelines were not presented by the carrier/URA.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injured employee injured his lower back while working pushing the base of a large drill press. He went on to have extensive diagnostic and therapeutic intervention including initial laminectomy followed by multilevel fusion. He has had chronic back

pain ever since the first surgery, not significantly improved following the second surgery, and actually as time went on, it deteriorated, and he has become a chronic pain patient. He has had multiple imaging studies showing the surgical condition of his spine. There has also been some stenosis at the L2/L3 level. Most recently, a lumbar epidural steroid injection has been requested. The prior lumbar epidural steroid injection failed to provide any relief.

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

It is my opinion that this gentleman's chronic back pain is not going to be rectified with an epidural steroid injection. It did not help the first time when it was performed, and there is nothing to believe that a second or third one would help. Although the ODG Guidelines do indicate that epidural steroid injections can be used in the proper setting for short-term relief of radicular pain, when the symptoms have been there for more than two years, the outcome is poor. This is obviously more than two years since his date of injury. There is also reduced success in treating chronic low back pain when the pain is due to a spinal stenosis condition with epidural steroid injections as opposed to an inflammatory radiculopathy due to herniated disc.

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.)