



Southwestern Forensic  
Associates, Inc.

**DATE OF REVIEW:** December 11, 2007

**DWC CASE #:**

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

Lumbar epidural steroid injection.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

D.C., D.O., M.S., Board Certified Physiatrist, Board Certified in Chiropractic, Physical Medicine and Rehabilitation, as well as certified in 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:**

Designated Doctor evaluation from Dr. which is dated xx/xx/xx. It was his determination that the injured employee was at maximum medical improvement and received a thirteen percent (13%) whole person impairment rating.

A 10/24/2002 x-ray report from Dr. which reads, “There are advanced degenerative disc changes at L4-5 with disc space narrowing, degenerative spurring and phantom disc phenomenon. There are mild degenerative disc changes at L2-3 and L3-4. Mild vascular calcifications.”

MRI of the lumbar spine on 10/25/2002 read by Dr. shows “Degenerative spondylosis and associated degenerative disc disease throughout the lumbar spine as described above. There is spinal stenosis at L2-3 and to a lesser degree at L3-4 with borderline stenosis at L1-2 and L4-5. Foraminal stenosis, particularly on the left at L4-5 and also to a lesser degree on the right at L4-5 and at L2-3 on the right.”

A 11/25/2002 report from Dr. who evaluated him for chronic low back pain radiating to the right buttock and lower extremity.

A procedure note which was an epidural steroid injection with fluoroscopy on 12/17/2002, by Dr..

On 01/10/2003, another epidural steroid injection was performed by the same doctor.

On 01/28/2003, another epidural steroid injection was performed by Dr..

On 02/27/2003, Dr. n indicated the leg pain had almost completely resolved and his back pain was 50% improved.

I reviewed additional followup progress notes from Dr..

A 07/27/2003 lumbar epidural steroid injection procedure note.

On 07/29/2003, he was seeing Dr. requesting cervical epidural steroid injections now.

On 10/28/2003, a caudal epidural steroid injection was recommended.

On 11/14/2003, a lumbar epidural steroid injection was performed by Dr..

On 12/16/2003, he received a lumbar epidural steroid injection by Dr..

On 02/10/2005, he had an MRI of the lumbar spine read by Dr. which reads "Multiple disc protrusions/subligamentous disc extrusion with spinal stenosis, neural foraminal narrowing as described above."

A lumbar epidural steroid injection on 03/02/2005 was performed by Dr..

On 03/09/2005, he was reported to have 50% improvement of his symptoms.

On 03/31/2005, he had another lumbar epidural steroid injection by Dr..

On 05/18/2005, he was reported to be having 80-90% improvement of his neck pain.

On 07/13/2005, he was awaiting his third and final lumbar epidural steroid injection.

On 08/22/2005, he was reporting 70-80% improvement with regards to his back, buttock and leg pain following his lumbar epidural steroid injection.

On 04/10/2006, he was awaiting his next lumbar epidural steroid injection.

On 04/13/2006, there was a lumbar epidural steroid procedure note from Dr..

Designated Doctor Examination report from Dr. dated 02/22/2006, where he was given a five percent (5%) whole person impairment rating.

CT scan of the abdomen and pelvis report was reviewed from 04/13/2007. This was signed by Dr. .

On 05/17/2007 he saw Dr., however, an injection was not performed at that time.

On 09/10/2007, a bicipital groove injection was recommended.

On 10/11/2007, Dr. indicated that he was in dire straights. He was in bed for three days because of back, buttock and bilateral leg pain. He had lumbar disc herniations at the L4-5 and L5-S1 levels identified and was barely able to sit up at that point in time.

An 10/19/2007 report from Dr. .

On 10/26/2007, Dr. indicated that he was having low back pain and pain down to his right leg into his knee and his calf with numbness in the L5 distribution with decreased pin prick sensation and a positive straight leg raising at 60 degrees from both supine and sitting positions.

A note from Dr. dated 11/09/2007.

**ODG Guidelines were not presented by the carrier.**

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The injured employee reportedly developed lower back pain as a result of a work incident on xx/xx/xx due to lifting and pulling on heavy sets of wheels. He went on to have numerous diagnostic and therapeutic interventions ultimately being diagnosed with multilevel disc protrusions with radicular symptoms in the legs. He has declined surgical intervention, but has indicated in the past a favorable response to epidural steroid injections, of which he has received many. Typically the response has been anywhere from 50-70% improvement following the epidural steroid injections. His most recent examination by Dr. is consistent with back pain, radicular leg pain below the knee with a positive straight leg raising and L5 sensory distribution abnormalities. He has been determined by two different physicians to be at maximum medical improvement and therefore current treatment is palliative. Given his most recent set of clinical findings, I do believe a repeat lumbar epidural steroid injection is reasonable.

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

This is an individual with a known etiology for back pain, i.e. two level disc protrusions. He has had chronic radicular symptoms for quite some period of time. He has responded favorably to epidural steroid injections in the past. His most recent physical examination suggests he does have the criteria for the injection, that being a favorable response to prior injections, and as well as radicular symptoms. Given the disc pathology, I think this

is a more reasonable approach than attempting physical therapy, which will likely not yield a significant benefit to him.

**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 judgment, 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.)