

DATE OF REVIEW: February 26, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar epidural steroid injection

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

American Board of Orthopedics  
Orthopedic Surgeon

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Lumbar spine MRI, 07/5/05  
EMG, 12/21/05  
SNRB note, 06/07/06  
Record review 09/21/06  
Office note, 11/13/06  
Office note, 12/11/06  
Denial noted, 12/29/06  
Reference articles from Public Medicine

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a female custodian with a date of injury of when she slipped and fell while mopping the floor at work. The lumbar MRI showed a small broad based left paracentral left lateral disc herniation at L3-4 which was stable since the previous

study of 12/09/03. There was slight generalized disc bulge at L4-5 stable since 12/09/03. There was mild bilateral facet hypertrophy at L3-4, L4-5 and not significantly changed since the prior study of 12/09/03. The 12/21/05 electromyography was normal.

On 06/07/06, a selective nerve root block was performed on the left at L3-4. The Patient was seen by on 09/21/06 for chief complaints of lumbar and left lower extremity pain. reviewed several records of previous providers and noted that the Patient had been treated with conservative management including injections without sustained relief. Exam findings at that time revealed axial compression reproduced lumbar pain and tenderness to very light touch at L5-S1. Straight leg testing was inconsistent. Reflexes were hypoactive but were symmetrical. The Patient reported hypesthesias along the lateral border of the right foot which would be inconsistent with a left sided herniated disc. impression was lumbar disc disease and symptoms related to the incident. recommended return to work full capacity and medications.

On 11/13/06, evaluated the Patient for her severe persistent lower back pain associated with radiation to both legs, primarily the left one. also reviewed the records of multiple providers. The Patient first saw on 09/15/05 with a positive straight leg raise at 60 degrees. impression at that time was that the Patient was not at maximum medical improvement. noted that had referred the Patient to for a lumbar epidural steroid injection on 02/03/06. She was seen again by on 04/18/06 for the same findings. Further review of the records documented that the Patient had undergone a selective nerve root block on 06/07/06 for no temporary relief. noted that had evaluated the Patient on 08/31/06 and recommended lumbar discectomy and fusion and a preoperative discogram. examination on 11/13/06 revealed a very decreased patella reflex on the left, tenderness to palpation at L4-5, no spasm and limited lumbar range of motion especially on forward flexion. The supine straight leg raise was positive on the right. impression was lower back pain of discogenic origin and left sided radiculopathy.

An office note of on 12/11/06 documented that the Patient had suffered an aggravation of her low back on 09/21/06 and this had caused an increase in the protrusion in her disc herniation at L3-5. felt that the Patient had discogenic back pain which had been treated previously with a L3-4 lumbar epidural steroid injection for temporary relief on 06/07/06. examination revealed tenderness, positive femoral stretch and left lower extremity neurologically intact. recommended a preoperative lumbar discogram, medications and a second lumbar epidural steroid injection for the diagnosis of discogenic back pain at L3-4, and L4-5.

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

The Reviewer cannot recommend the proposed lumbar epidural steroid injection as being medically necessary. The Patient had an epidural steroid injection in June of 2006 that gave her temporary, but very slight relief from her pain complaints. She has had selective nerve root blocks, which did not give her any relief and she has a recent Independent Medical Evaluation that suggested very significant symptom magnification. There is no evidence that the proposed epidural steroid injections will lead to any significant improvement in this Patient's condition and consequently, the Reviewer cannot recommend it as being medically necessary.

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)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES
  - Orthopedic Knowledge Update, Spine chapter 22, page 194-195