

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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DATE OF REVIEW: July 12, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar epidural steroid injection with Mac anesthesia and fluoroscopy

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

Diplomate, American Board of Anesthesiology; Diplomate, American Academy of Pain Management

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records from the Carrier include:

- Employer's First Report of Injury or Illness
- M.D., 05/11/07, 06/01/07
- System, xx/xx/xx
- Worker's Compensation Request, xx/xx/xx
- M.D., xx/xx/xx, 01/24/06, 02/07/06, 02/21/06, 04/03/06, 04/18/06, 05/04/06, 06/08/06, 07/11/06, 08/14/06, 09/12/06, 11/01/06, 11/28/06, 01/29/07
- Centers, P.T., xx/xx/xx, 01/24/06
- System, M.D., 02/10/06
- M.D., 03/09/06, 05/18/06, 06/29/06, 08/03/06, 08/29/06, 11/21/06, 03/29/07
- P.A., M.D., 04/18/06, 05/02/06, 05/16/06, 06/15/06, 06/29/06, 07/06/06, 07/27/06, 08/15/06, 09/05/06, 10/03/06, 11/06/06, 01/05/07, 02/05/07, 03/05/07, 04/04/07, 05/07/07, 05/21/07, 06/06/07, 06/20/07
- Center, M.D., 06/27/06,
- Center, 11/17/06
- Claims., 12/13/06
- M.D., 01/16/07
- Therapy, 01/18/07
- M.D., 05/04/07

Medical records from the Provider include:

- System, M.D., 02/10/06
- P.A., M.D., 04/18/06, 05/07/07
- M.D., 05/11/07, 06/01/07
- M.D., 05/21/07, 06/20/07

PATIENT CLINICAL HISTORY:

This is a injured female, who sustained an injury on xx/xx/xx involving the low back, secondary to a lifting type mechanism. The working diagnosis includes lumbar discogenic pain and lumbago.

Subsequent to the injury, the patient underwent a lumbar MRI that was performed on February 10, 2006, which reportedly revealed a broad-based disc protrusion that was central and left lateral at the L5-S1 level without nerve impingement, and a central and right parasagittal focal disc protrusion at the L4-5 level, which slightly indented the anterior thecal sac with no clear nerve impingement.

Following a short course of physical therapy, the patient was referred to, M.D. orthopedic surgeon, who evaluated the patient and recommended a series of lumbar epidural steroid injections.

Pain management procedures were performed by, M.D., consisting of two separate lumbar epidural steroid injections. Her symptoms did not improve.

The patient was reportedly referred back to Dr., who recommended surgical intervention, which was denied by the insurance carrier.

The patient was referred for medication management to M.D., who is providing her with opioids.

The patient is currently complaining of low back pain with intermittent pain radiating to the left leg with associated numbness and tingling.

The clinical examination from the designated doctor evaluation, submitted on May 4, 2007, revealed general ambulation with difficulty secondary to low back pain, tenderness in the lumbosacral area, midline and paraspinal lumbar muscles, with flexion/extension and side bending essentially nil; lower extremity motor strength was 5/5, lower extremity sensation was intact to light touch except in the posterior, lateral, and medial aspects of the left calf; deep tendon reflexes were 1+/4 at the knee and absent at the ankle bilaterally; straight leg raise could not be performed secondary to pain in her back.

Of note, a functional capacity evaluation (FCE) reportedly performed on January 18, 2007, revealed that this patient could perform in a light to medium category of physical demand.

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

Recommendation: I agree with non-certification for lumbar epidural steroid injections under MAC anesthesia and the use of fluoroscopy.

After review of the information provided, non-certification of lumbar epidural steroid injections should be upheld because lack of available relevant clinical information in support of the application; particularly no information regarding the presence of significant objective radiculopathy exists on the documentation submitted, although the patient seems to have symptoms indicative of radiculopathy. The documented findings of the lumbar MRI did not reveal any significant disc herniation, spinal cord compression, or nerve root compression. Additionally, the efficacy of two prior lumbar epidural steroid injections resulted in unsustained relief, and there is no reason to suspect a third lumbar epidural steroid injection (the requested procedure) will likely produce significant and sustained improvement in this patient's pain.

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 (PROVIDE A DESCRIPTION)**
Interventional Pain Management, 2nd Edition, edited by Dr. Stephen D. Waldman; Spinal Diagnostic and Treatment Procedures (ISIS) edited by N. Bogduk, M.D.