



## REVIEWER'S REPORT

**DATE OF REVIEW:** March 4, 2007

**IRO CASE #:**

### DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Left transforaminal epidural steroid injection at most caudal level L6-S1 under fluoroscopic observation and monitored anesthetic control (MAC) anesthesia (specific language "L6" used and signed by RN)

### QUALIFICATIONS:

MD, Board-certified in neurology

### 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:

Insurance reviews from xx/xx/xx to 2/14/07, medical records from 8/25/06 to 11/9/06.

### INJURED EMPLOYEE CLINICAL HISTORY (Summary):

Injured on XX/XX/XX with resultant low back pain and lumbosacral radiculopathy. He responded favorably in 2005 to an epidural injection. He underwent a subsequent injection on 11/9/06 with monitored anesthesia care.

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

The patient had responded favorably to the epidural steroid injection over a year previously, had redeveloped lumbar region pain with radiculopathy and in the opinion of the treating physician would benefit from a repeat injection. Such injections should be performed under fluoroscopic control (as it was) but with the patient awake and responding to the physician inserting the needle and injecting the steroid solution. General anesthesia is not appropriate.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:**

- ACOEM 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
- Milliran 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 (with description)
- Other evidence-based, scientifically valid, outcome-focused guidelines (with description)

In the online chapter Epidural Steroid Injections (Emedicine.com accessed March 5, 2007 <http://www.emedicine.com/pmr/topic223.htm>), the proper approach to deployment of the technique states that fluoroscopic control is essential for proper needle placement. The patient may be mildly sedated but should be awake to interact with the physician and indicate adverse consequences of needle placement or injection.

Criteria used by the Cleveland Clinic for treatment (<http://www.spineuniverse.com/displayarticle.php/epidural-3111.html> accessed online March 5, 2007) with these references also mention that the procedure should be performed in that same manner.

1. Botwin T, Rittenberg B. *Am J Phys Med Rehabil* 2002; 81:898-895.
2. Vad VB, Bhat AL, Lutz GE, et al. *Spine* 2002; 27:11-16.
3. Lutz GE, Vad VB, Wisneski RJ. *Arch Phys Med Rehabil* 1998; 79:1362-1366.