



Amended November 7, 2007

DATE OF REVIEW: 11/02/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right L4 and L5 transforaminal epidural steroid injections.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.O., duly licensed physician in the State of Texas, fellowship-trained in Pain Management, Board Certified in Anesthesiology with Certificate of Added Qualifications in Pain Medicine, practicing Pain Management for over 20 years.

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. Lumbar MRI scan dated 11/14/05
2. Progress notes from Dr. from 06/11/07 and 08/08/07
3. Preauthorization decisions from two previous physician reviewers

ODG Guidelines were not provided by the carrier.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This claimant apparently fell from approximately a 30-foot height on xx/xx/xx. According to the documentation, he suffered lumbar compression fractures and underwent kyphoplasty in June 2004. A lumbar MRI scan on 11/14/05 demonstrated post laminectomy changes at L4/L5 with a right central recurrent disc herniation “without nerve root impingement.” Laminectomy changes were also noted at L5/S1.

The claimant was then evaluated by Dr. on 06/11/07, complaining of a minimal pain level of 1/10 to 2/10, primarily involving the low back with paresthesia in the LEFT foot. The claimant “denies radicular pain.” Dr. noted that the claimant had suffered a lumbar

compression fracture as a result of the fall at work and underwent kyphoplasty. The claimant's surgical history included fracture repair of the right elbow in 2003, left inguinal hernia repair in 1983, lumbar discogram in 1997, and lumbar kyphoplasty in 2004. There was no mention made of any history of lumbar laminectomy or discectomy. Physical examination documented no abnormal neurologic findings and no abnormal findings regarding the lumbar spine. Dr. noted the claimant had an 80% improvement in pain from the Medrol DosePak, yet still recommended the claimant undergo selective nerve root block injections despite minimal pain.

On 08/08/07 the claimant returned to Dr., now complaining of a pain level of 6/10 with return of pain into the posterior aspect of the right leg. However, Dr. again documented that the claimant "denies radicular leg pain," contradicting his own documentation of the claimant's pain complaints. Physical exam again documented no abnormal neurologic findings and no abnormal spine findings with straight leg raising test negative bilaterally. Dr. recommended the claimant undergo right L4/L5 and L5/S1 transforaminal epidural steroid injections, "despite the fact that his exam is relatively normal." He also stated that the "disc at L4/L5 is causing a nerve impingement at L4/L5 and L5/S1," despite the fact that the MRI scan report of November 2005 clearly documented otherwise.

Two separate physician advisers reviewed the request for L4 and L5 transforaminal epidural steroid injections. Both recommended non-authorization based on lack of evidence of radiculopathy and lack of ODG support.

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

As Dr. himself states, the claimant's physical examination is almost normal. There is certainly no evidence of radiculopathy with negative straight leg raising tests bilaterally and no neurologic abnormalities documented on either the June or August 2007 examinations. Additionally, Dr. is incorrect in stating that the disc at L4/L5 was causing a nerve impingement. The MRI scan report of November 2005 clearly documents that there is no nerve root impingement at L4/L5 despite recurrent disc herniation. Therefore, absent any physical examination evidence of radiculopathy or MRI evidence of nerve root impingement, epidural steroid injections are neither medically reasonable or necessary.

Moreover, ODG states that epidural steroid injections are only indicated when radiculopathy is documented and when there is initial lack of response to conservative treatment such as exercise, physical therapy, anti-inflammatory medications, and muscle relaxants. No such treatment is documented for this claimant, and no radiculopathy is either evident on exam or electrodiagnostic studies.

In summary, therefore, there is no medical reason or necessity for this claimant to undergo transforaminal epidural steroid injections when there is no evidence of radiculopathy on exam or evidence of nerve root impingement on MRI scan. Therefore, the previous recommendations for non-approval are upheld.

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

(Check any of the following that were used in the course of your review.)

- 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.)