



Southwestern Forensic  
Associates, Inc.

**DATE OF REVIEW:** November 20, 2007

**IRO CASE #:**

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

Caudal epidural steroid injection.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine and Rehabilitation,  
Pain Management

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

\_\_\_\_\_ Upheld (Agree)

\_\_\_X\_\_\_ Overturned (Disagree)

\_\_\_\_\_ Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

ODG GUIDELINES WERE PRESENTED FOR REVIEW BY THE CARRIER.

1. The employer's first report of injury form identifying the date of injury to be xx/xx/xx.
2. Notes from the County Emergency Services dated xx/xx/xx.
3. Extensive documentation from Dr., a chiropractor that began treating him on 02/15/2005. On the initial medical report he was complaining of neck, mid back and low back pain with weakness and stiffness with pain radiating down into both his legs and into his calves.
4. Progress notes leading up to the subsequent medical report of Dr. dated 07/01/2005. The primary issue at that point in time was “lumbar disc syndrome and myospasm.”
5. There was an MRI scan reported 05/07/2005, authored by Dr., which I also reviewed. The impression was “L5-S1 focal right paramedian 5 mm herniation consistent with a prominent protrusion (early extrusion) showing caudad distention and compressing the right S1 nerve root. L4-5 left paramedian 5 mm herniation extending into the lateral

recess causing marked compression of the left L5 nerve root. Clinical correlation advised for left L5 radiculopathy. Concentric annular bulge L3-4.”

6. X-rays of the lumbar spine were read by Dr. in the report dated 07/11/2005. The impression of x-rays is “no fracture or aggressive bone lesion of the lumbar spine. Disc space narrowing at L4-5, L5-S1.”

7. Additional chiropractic progress notes through 07/14/2005. On 07/14/2005, there was a consult with Dr., pain management physician who felt that he had lumbar radiculopathy and wanted to rule out lumbar facet arthropathy and myofascial pain syndrome. At that time he was complaining of lower back and bilateral lower extremity pain. EMG on 07/19/2005 from Dr. showed “lumbar radiculopathy involving the S1 nerve roots bilaterally and the left L5 nerve root, which was indicated by increased reinnervation potential activity recorded in bilateral S1 and left L5 innervated paraspinals and distal musculature within the lower extremities bilaterally. No electrophysiologic evidence of distal mononeuropathy was recorded in these electrodiagnostic studies of the lower extremities.”

8. Continued chiropractic progress notes through the next evaluation report of 08/02/2005.

9. On 08/17/2005, he received his first lumbar epidural steroid injection via the caudal approach by Dr..

10. There were continued chiropractic office notes which were reviewed through the 09/08/2005 reexamination of Dr..

11. He was seen in followup on 09/08/2005 by Dr. who recommended a repeat caudal lumbar epidural steroid injection.

12. An evaluation from Dr. which was dated 10/20/2005. At that time he felt the examinee had attained maximum medical improvement on 10/20/2005. This was however later amended and will be discussed later in the report.

13. Procedure note on 10/24/2005 from Dr., which was for the second epidural steroid injection.

14. A report from Dr. dated 11/02/2005. He felt that he had “lumbar pain, radicular left, herniated nucleus pulposus L4-5 likely symptomatic. Right focal protrusion L5-S1 not felt to be symptomatic.” He discussed performing a decompression surgical procedure at the L4-5 level.

15. Following that appointment there was ongoing chiropractic intervention by Dr. through 12/02/2005.

16. Peer Review from 4/07/2006.

17. An 04/14/2006 note from Dr., which was a peer review report.

18. Lone Star evaluation report from Dr. indicating that the MMI was moved forward to 10/05/2006. There was notation that he had 100% resolution of his pain from his three lumbar epidural steroid injections even though I only have documentation that two were performed.

19. Examination report 10/17/2006 from Dr.. Unfortunately Dr. merely restates the history and his examination, and does not state what the injured employee’s complaints are.

20. An 08/03/2007 report from Dr. which states that he is having continued low back pain with bilateral lower extremity radiculopathy.

21. A note from Clinic, Dr.. At that time examinee was seen for his ongoing complaints of lower back pain. Under chief complaint he indicates that his low back pain is rated 5/10 and he does get right leg pain, which travels into the right lateral thigh. He recommended a caudal epidural steroid injection as well as L4-5, L5-S1 medial branch blocks.

22. A note from attorney, , dated 11/08/2007.

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

The injured employee is a xx-year-old male who was involved in a motor vehicle accident on xx/xx/xx, after which he reports developing symptoms in the cervical, thoracic and lumbar spine, as well as into both lower extremities. He had extensive chiropractic care, as well as an abnormal MRI and an abnormal EMG, and to my knowledge, two successful lumbar caudal epidural steroid injections. However, he has had continuing lower back pain most recently requiring transportation to the emergency room via ambulance from a shopping center. He has now been recommended to have another caudal epidural steroid injection, which is the focus of today's case review.

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

The injured employee has chronic low back pain with varying degrees of radicular symptoms off and on over the last couple of years. He has MRI evidence as well as EMG evidence to support the possibility of right and/or left leg symptoms. The records would suggest he had a favorable outcome from his prior caudal epidural steroid injections reporting to one physician a "100% improvement." His symptoms however were recurrent and have slowly intensified to the point where he is now being recommended to have a second round of caudal lumbar epidural steroid injections. On his visit to Dr., he was complaining of low back and right leg pain and this does comport with the Occupational Disability Guideline recommendations for considering epidural steroid injections. This when combined with the abnormal MRI and the abnormal EMG and the successful outcome to his prior epidural steroid injections, would in my opinion support proceeding with the lumbar caudal epidural steroid injection as recommended by Dr..

**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.

X 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.)