

MEDICAL REVIEW OF TEXAS

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DATE OF REVIEW: OCTOBER 16, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar ESI, L5-S1 with epidurography and fluoroscopic guidance

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

MD, Board Certified in Physical Medicine and Rehabilitation

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

- Previous epidural request on July 18, 2007 by Dr.
- Office procedure notes of June 29, 2007 from Orthopedics and from June 6, 2007 and procedure note of May 29, 2007 of Orthopedics indicating caudal epidural injection by Dr.. Office notes of March 27, 2007 discussed EMG/NCV results by Dr. and noted to be an essentially normal study.
- Records from Diagnostics from March 1, 2007 showing L1 vertebral hemangioma, desiccative changes of L1-L2, L4-L5,

L5-S1 intervertebral discs, and multilevel disc disease. Also, reviewed on July 23, 2007, denial of the procedure with review of literature indicating 3 ESIs are not indicated.

- Records from Dr. from Medical System from March 5, 2007 indicating date of injury. Diagnosis of lumbar strain. Operative report of April 10, 2007 of caudal epidural steroid injection to L5-S1 by Dr. Also, there is a report from August 8, 2007. That report indicates increased symptomatology in the right leg compared to the left radiates down to the lateral border of the foot. MRI revealed disc degeneration at L4-L5 and L5-S1 and a small bulge towards the left. Sensory exam normal except for some thigh sensory changes with pinwheel. Legs are equal. Pulses are intact. He has good power of the quadriceps, hamstrings, ostial flexors, plantar flexors, everters, and inverters and the calf is nontender. Recommendation was for lumbar myelogram and post myelogram CT for persistent radiculopathy.
- A designated doctor evaluation from Dr. Date of exam was August 10, 2007. Diagnosis of designated doctor with sacroiliac joint sprain and piriformis syndrome. He showed normal neurologic findings and no evidence of radiculopathy. There is a note indicating that on August 17, 2007, a request for SI joint injection was made and that SI joint injection was approved on August 27, 2007.

PATIENT CLINICAL HISTORY [SUMMARY]:

As previously reviewed as part of the record review, this individual was injured at work working for the water department. This construction worker fell backwards striking his back on some sort of metal object and developed back pain and hip pain. He had an EMG that was essentially normal; had an MRI that showed some incidental findings of disc bulges but no gross disc protrusion; had two epidural steroid injections in caudal approach with no real good description of how they helped alter the pain. There were ongoing examinations documented by the provider showing progressive weakness and a recommendation for an outside neurologist to see the patient. No evidence of radiculopathy. The designated doctor evaluation of 8/10/07 shows piriformis syndrome and SI joint dysfunction, and seems to fit the clinical data set better than the diagnosis of lumbar radiculopathy.

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

Epidural steroid injections are indicated for lumbar radiculopathy or radicular injury. The MRI does not show gross disc herniation to cause radicular injury. The patient's physical examination does not reveal evidence of radiculopathy, weakness, or atrophy of the muscles. EMG did not show evidence of obvious radiculopathy. The patient's physical examination by designated doctor was more consistent with mechanical back pain and is more consistent with a history documented at this point in time, the diagnoses, and therefore epidural steroid injection is considered non-appropriate as it does not meet guidelines by the International Spine Intervention Society or ODG for qualification. The average number of injections for lumbar radiculopathy is generally between 2 to 3 injections, many getting better with just two injections or less. The fact that this individual has not improved but has made physical exam findings of altered new pain generators would indicate an alternative approach should be taken. The records reflect that the treating providers have already requested and received approval for SI joint injections and therefore, request for the epidural steroid injection seems redundant and inappropriate.

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**
 - * INTERNATIONAL SPINE INTERVENTION SOCIETY**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**