

MEDICAL REVIEW OF TEXAS

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Notice of Independent Review Decision

DATE OF REVIEW: OCTOBER 18, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right L5 selective nerve root block under fluoroscopy

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

MD, Board Certified in Neurology

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

- * First review determination (8/20/07)
- * Review determination (8/29/07)
- * Employers first report of injury or illness
- * Patient's medical service from MD
- * Chiropractic Evaluation (4/12/07) on DWC form
- * Initial medical report from DC (4/12/07)
- * Initial consultation report of DO (4/24/07)

- * Reports of right transforaminal L5-S1 ESI done by DO (6/4/07, 6/18/07, 7/16/07)
- * MRI of lumbar spine
- * MRI of lumbar spine without contrast (4/19/07)
- * EMG/NCV testing by DC (7/3/07)
- * Multiple, numerous physical therapy/chiropractic visits from 4/13/07 – 7/3/07

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient was injured on the job when she was working. She was pulling on a pallet and reported that it got stuck. She tried to “jerk it forward and backward”. She had onset of bilateral lumbosacral region pain right more than left. She had persistent right lower extremity and low back pain of somewhat variable description. She has reported severe persistent right lower extremity pain. She has undergone three lumbar epidural steroid injections on dates mentioned above. The first lumbar epidural steroid injection reportedly produced improvement in pain for a couple of days; the second one reportedly increased her pain, and there apparently was some transient improvement in her pain after the third injection. She was then referred for another opinion and a fourth lumbar epidural steroid injection was recommended.

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

AS PREVIOUSLY REPORTED, OFFICIAL DISABILITY GUIDELINES RECOMMEND EPIDURAL STEROID INJECTIONS AS A POSSIBLE TREATMENT OPTION FOR SHORT-TERM TREATMENT OF RADICULAR PAIN; SHOULD BE IDENTIFIABLE AS CORRELATING WITH A HERNIATED NUCLEUS PULPOSUS IMPINGING UPON AN IDENTIFIABLE SYMPTOM CORRELATIVE NERVE ROOT IN THE LUMBAR SPINE. SUCH DOES NOT SEEM TO BE THE CASE IN THIS SITUATION. ELECTRODIAGNOSTIC TESTING CAN ALSO BE OF BENEFIT. THE ELECTRODIAGNOSTIC TESTING SUBMITTED IS BASICALLY UNINTERPRETABLE. THIS PATIENT’S SYMPTOMS HAVE LASTED FAR BEYOND SIX TO EIGHT WEEKS. THE EPIDURAL STEROID INJECTIONS PROVIDED SO FAR HAVE PRODUCED VERY SHORT-TERM BENEFIT. THERE HAVE BEEN SEVERAL ARTICLES ALREADY NOTED AND THE ADVERSE REVIEW DETERMINATION OF 8/29/07 DISCUSSING THE CONTROVERSIAL OPINIONS ABOUT REPEATED EPIDURAL STEROID INJECTIONS FOR ANY KIND OF PAIN BEYOND SHORT-TERM PAIN. IN PARTICULAR, THE ARTICLE BY ARMON C., ARGOFF, C.E., SAMUELS, J. ETAL FROM NEUROLOGY VOL. 68 NO. 10, MARCH 6, 2007 PAGE 723-729 AND SPACCARELLI, K. FROM MAYO CLINIC PROCEEDINGS, 1961;71:169-178, AS WELL AS OTHERS MENTIONED IN THE ADVERSE DETERMINATION OF 8/29/07 CITED CHRONIC DURATION OF SYMPTOMS BEYOND SIX MONTHS HAS ALSO BEEN FOUND TO DECREASE SUCCESS RATES WITH A THREEFOLD DECREASE FOUND IN THE PATIENT’S WITH THE SYMPTOM DURATION BEYOND 24 MONTHS

(HOPWOOD, 1993, CYTEVAL, 2006). EPIDURAL STEROID INJECTIONS BASICALLY ARE USED FOR SHORT-TERM RELIEF. OVER AT LEAST THE LAST 10 YEARS THEY HAVE BEEN FOUND, REPEATEDLY, TO BE BEST USED FOR SHORT-TERM (ON THE ORDER OF SIX MONTHS OR LESS) RELIEF OF PROVEN RADICULARA 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
* ARMON C., ARGOFF, C.E., SAMUELS, J. ETAL FROM NEUROLOGY VOL. 68 NO. 10, MARCH 6, 2007 PAGE 723-729

- * SPACCARELLI, K. FROM MAYO CLINIC PROCEEDINGS, 1961;71:169-178

X OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES

- * HOPWOOD, 1993
- * CYTEVAL, 2006