



IMED, INC.

1701 N. Greenville Ave. • Suite 202 • Richardson, Texas 75081
Office 972-381-9282 • Toll Free 1-877-333-7374 • Fax 972-250-4584
e-mail: imeddallas@msn.com

DATE OF REVIEW: 10/09/07

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Items in Dispute: Caudal epidural steroid injection with fluoroscopy.

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

Texas License
Board Certified in Pain Management
Board Certified in Anesthesiology
Board Certified in Physical Medicine & Rehabilitation

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. 04/04/07 – M.D.
2. 05/14/07, 06/06/07, 06/14/07 – M.D.
3. 05/21/07 – EMG/NCS.
4. 07/12/07 – D.O.
5. 07/12/07 – HealthSouth.
6. 07/26/07 – Operative report.
7. 08/04/07 thru 08/30/07 –D.O.
8. 08/13/07, 08/27/07 – SRS denial *Official Disability Guidelines* criteria for the use of epidural steroid injections included.

INJURED EMPLOYEE CLINICAL HISTORY (SUMMARY):

I have review medical records indicating an injury of xx/xx/xx.

An MRI study on 04/04/07 revealed a central stenosis and paracentral disc protrusion at L3-L4 with mild spondylitic ridging and disc protrusion at L4-L5 and moderate to severe left greater than right foraminal narrowing and spondylitic ridging at L5-S1.

An EMG was performed on 05/21/07 was normal.

The employee was referred for physical therapy without any relief.

The employee was diagnosed with lumbar radiculopathy and was referred to Dr. for pain management on 07/12/07. Dr. report indicated the employee was standing on a box trying to step down when he fell injuring his lower back and tailbone. The clinical examination revealed decreased range of motion with pain across the lumbar spine and hip. The impression was back pain and hip pain with central stenosis. The recommendation was for lumbar epidural block performed on 07/26/07. The employee received 25% relief. A caudal epidural steroid injection was then recommended.

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

A caudal epidural steroid injection would not be reasonable or necessary. The employee has no clinical evidence of radiculopathy and no neurophysiological evidence of radiculopathy to justify an epidural block. The employee has already received one epidural steroid injection with very limited relief which basically would not indicate the necessity to repeat such an injection even with a different approach. The employee should be referred for other types of interventions since epidural injections have not been helpful. Possibilities include discography or facet block. Therefore, a caudal epidural steroid injection would not be reasonable or necessary according to *Official Disability Guidelines*.

If the decision is contrary to: (1) the DWC's policies or guidelines adopted under Labor Code §413.011, must indicate in the decision the specific basis for its divergence in the review of medical necessity of non-network health care or (2) the networks treatment guidelines, must indicate in the decision the specific basis for its divergence in the review of medical necessity of network health care.

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

A. *Official Disability Guidelines*