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IRO America, Inc.

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An Independent Review Organization  
7301 Ranch Rd 620 N, Suite 155-199  
Austin, TX 78726  
Fax: 512-692-2924

DATE OF REVIEW: 09/23/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

*Transforaminal lumbar epidural steroid injections from L3-L5, left side.*

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

*M.D. Neurologist, Fellowship Trained in Pain Management, Board Certified  
in Neurology and Pain Medicine*

### 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)

### INFORMATION PROVIDED TO THE IRO FOR REVIEW

*Non-authorization notice, dated 02/28/07, from Corporation*  
*Non-authorization after reconsideration notice, date 03/14/07, from Corporation*  
*MRI of the lumbar spine, dated 08/06/05*  
*Initial evaluation by M.D., dated 07/21/05*  
*Peer review, dated 06/29/06, by M.D.*  
*Neurology consultation by Dr., dated 10/11/05*  
*EMG-NCV study by Dr., dated 10/12/05*  
*Follow-up evaluation by Dr., dated 01/24/06*  
*Procedure notes for left transforaminal epidural steroid injections, dated 07/06/06,*  
*indicating levels L4 and L5*

*Procedure note, dated 08/02/06, for left transforaminal epidural steroid injections at levels L4, L5 and S1*

*Procedure note for left transforaminal epidural steroid injections, dated 12/07/06, at levels L3, L4 and L5*

*Follow-up evaluation by Dr. dated 10/06/06*

*Appeal for denied procedure by Dr., dated 03/13/07*

*Follow-up office visit with Dr., dated 03/21/07*

*Letter in response to request for IRO from, dated 09/05/07*

*Various notes, including occupational therapy records, notes from Healthcare regarding surgeries for fractured radius, ulna, and documentation regarding pelvic fracture. Also included are various reports of studies relating to several parts of the body and not necessarily relating to the lumbar area. Also included are notes from Orthopedic by Dr., as well as physical therapy notes, presumably while claimant was hospitalized for his surgeries*

#### **PATIENT CLINICAL HISTORY [SUMMARY]:**

*This claimant, sustained a work-related injury, resulting in several fractures and requiring surgery, and resulting in ongoing lumbar pain and left-sided lumbar radicular condition. He has undergone three sets of multilevel left-sided transforaminal lumbar epidural steroid injections, with significant relief, along with physical therapy, but with recurrence of symptoms. Imaging studies, including MRI, have shown some foraminal stenosis at multiple levels in the lumbar spine, though electrophysiological testing was normal, with no evidence for radicular dysfunction. The claimant has been treated with tramadol, as an analgesic, for symptomatic relief. Because of recurrence of left lumbar radicular symptoms, an updated set of left-sided transforaminal lumbar epidural steroid injections has been requested. A note mentions that Lyrica was attempted for symptomatic control but caused nausea as a side effect.*

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

*Though it is clear that this claimant is suffering from a left lumbar radiculopathy, possibly emanating from multiple levels, it is quite evident that epidural steroid injections that have already been performed have resulted in only temporary relief. It is unclear to this reviewer how any further epidural steroid injections will result in any longer term relief, as it appears that the anatomical contributors to the radicular dysfunction are a combination of disc bulging, hypertrophy of the ligaments, as well as facet joints. Since conservative treatment, including physical therapy, has not resulted in any long-term benefit or reversal of the structural abnormalities, The Reviewer's medical assessment is that it would not be reasonable to predict that further symptomatic treatment such as lumbar epidural steroid injection will result in a different outcome, other than temporary short-term relief once again. The Reviewer considered the ODG Guidelines in the determination of this case, but as discussed above, the Patient's circumstances were such that the Reviewer determined it was necessary to diverge from the Guidelines.*

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 (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)