

**SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.**  
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Notice of Independent Review Decision

**DATE OF REVIEW:** April 28, 2008

**IRO CASE #:**

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

Lumbar epidural steroid injection

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

Diplomate, American Board of Orthopaedic Surgery

**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**

Medical records from the URA include:

- Official Disability Guidelines, 2007

- Texas Department of Insurance, 04/21/08
- Orthopedics, unsigned, 03/10/08
- 03/31/08, 04/01/08, 04/02/08
- Upright MRI 07/17/07

Medical records from the Requestor/Provider include:

- Upright MRI 01/17/07
- Physicians Clinic, 03/02/07
- Medical, 03/02/07, 03/05/07, 03/07/07, 03/09/07, 03/12/07, 03/14/07, 03/16/07, 03/19/07, 03/21/07, 03/23/07, 03/26/07, 03/28/07, 03/30/07, 04/02/07, 04/11/07, 04/13/07, 04/20/07, 04/23/07, 04/25/07, 04/27/07, 04/30/07, 05/02/07, 05/07/07, 05/11/07, 05/14/07, 05/30/07, 06/01/07, 06/04/07, 06/06/07, 06/07/07, 06/20/07, 06/22/07, 06/25/07, 06/27/07
- Orthopedics, 07/02/07, 08/10/07, 09/10/07, 03/10/08
- Hospital, 08/01/07
- Diagnostics Incorporated, 08/22/07
- 03/18/08, 03/31/08, 04/01/08

**PATIENT CLINICAL HISTORY:**

According to the records provided, the patient was referred to M.D. and D.C., subsequent to a work injury that occurred on xx/xx/xx. The patient was involved in a motor vehicle accident, sustaining wrist, neck, and back injuries.

The patient began chiropractic treatment. Trigger point injections ensued.

The patient underwent an epidural cervical injection by Dr.. Her back improved as well.

The patient returned to Dr. on March 10, 2008 complaining of lower back pain radiating into the buttocks. Dr. noted a normal motor and sensory examination and normal deep tendon reflexes. He recommended an epidural injection, which was denied by the carrier.

I reviewed the peer review which was performed by an orthopedic surgeon, M.D., and the second peer review performed by M.D.

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

It is my opinion that the epidural injection is not supported by the medical records and the ODG Guidelines. The ODG Guidelines clearly require clinical and documented evidence of radiculopathy, which does not exist in this case. The MRI findings are soft and the

physical findings are nonexistent to document radiculopathy. Therefore, the epidural steroid is not supported according to the ODG 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)