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Notice of Independent Review Decision

DATE OF REVIEW: 04/21/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Item in dispute: Epidural steroid injections at L3-L4 and L4-L5

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

Board Certified Orthopedic Surgeon

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. Peer review by Dr. dated 09/12/05.
2. Medical records, Dr. dated 10/26/05 thru 10/23/07.
3. CT of the lumbar spine dated 09/14/06.
4. Lumbar myelogram dated 09/14/06.
5. Peer review by Dr. dated 12/07/06.
6. Utilization review determination dated 02/08/08.
7. Utilization review determination dated 03/06/08.
8. ***Official Disability Guidelines.***

PATIENT CLINICAL HISTORY [SUMMARY]:

The employee is a female who was reported to have sustained an injury to her low back. The employee is currently under the care of Dr. . The available medical records indicate that the employee has undergone decompressive laminectomies at L4-L5 and L5-S1. The employee is status post bilateral

neuroforaminotomies at L4-L5 and L5-S1. The employee is status post posterior lateral fusion with pedicle screw instrumentation at L4-S1. The employee reported to have a left lower extremity radiculopathy.

A clinical note dated 10/26/05 reported a loose pedicle screw on the right side at S1. Records indicate that despite multiple surgeries the employee had significant continued low back pain.

On 09/14/06, the employee was referred for CT of the lumbar spine along with myelography. This study reported a prior L4-S1 hardware and posterior lateral bony fusion with spondylosis throughout the lumbar spine most evident at L3-L4 with at least moderately severe central canal stenosis.

A peer review was performed by Dr. on 12/07/06. Dr. noted that the employee had adjacent segment disease at L3-L4 which may require decompression.

On 02/08/07, Dr. found that bilateral epidural steroid injections at L3-L4 and L4-L5 were not medically necessary. Dr. reported the employee presented with chronic lumbar pain and had previously undergone fusions at L4-L5 and L5-S1. Prior to this, it was recommended for the employee undergo epidural steroid injections at L3-L4 and L4-L5; however, they were never completed. The employee had evidence of a very prominent annular bulge and osteophyte complex at L3-L4 with right neuroforaminal stenosis with bilaterally moderately severe facet degeneration. It was noted that possible surgery may eventually be required at L3-L4 due to the degree of central stenosis and osteophyctomy. Current examination findings were not outlined. There was no documentation of current examination to support consideration of epidural steroid injections at two levels.

On 10/23/07, the employee was recommended to undergo a unilateral epidural steroid injection secondary to recommendations by Dr.

On 02/28/08, Dr. submitted a letter of reconsideration. Dr. noted that Dr. stated in his peer review that myelogram was previously mentioned and revealed prominent annular bulge and osteophyte complex at L3-L4 with a right neuroforaminal stenosis with bilaterally moderately severe facet joint degeneration. He reported that the possibility of surgery existed. The L3-L4 level may in fact require decompression. He reported it was his belief that the L3-L4 was related biomechanically to the two solid fusions that occurred at L4-L5 and L5-S1. He noted that Dr. suggested a single selective epidural steroid injection at the L3-L4 level predominately left sided would be worth trying.

Upon physical examination on 03/12/08, the employee had increased discomfort in her back with dysesthesia on the posterior aspect. She was unable to stand or move for any extended period of time and only a few feet at a time. She was using a cane and a walker and was unable to leave her house. The employee continued to deteriorate. Reflexes in the employee's knees were absent and

ankle jerks were absent. Straight leg raise was bilaterally positive. MRI, CT, and myelogram had previously been performed. Dr. requested surgical decompression at L3-L4 with neuroforaminotomies and stabilization.

On 03/16/08, Dr. submitted a reconsideration for epidural steroid injections. This request was reviewed by a physiatrist who was not identified in the utilization review paperwork.

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

I would concur with the two previous reviewers in that epidural steroid injections at L3-L4 and L4-L5 do not appear to be medically necessary. The available medical records indicate that the employee has undergone multiple surgeries as a result of her compensable event. She has subsequently undergone fusion at L4-L5 and L5-S1. Postoperatively the employee has continued intractable back pain. The serial records indicate that the employee has neurologic findings, and it was noted that she has absent ankle and knee reflexes. It is unclear from these records that these represent new postoperative findings or residuals as a result of the employee's surgery. It was further noted that the records indicated that the employee has undergone multiple injections as a result of her compensable injury. The records do not quantify the degree and length of relief achieved through the use of these therapeutic injections. Records do indicate that the employee has adjacent segment disease and is subsequently stenotic at L3-L4 and appears to require decompression at this level. Given that the employee is a surgical candidate, there would be no clear indication for the performance of lumbar epidural steroid injections at L3-L4 and L4-L5.

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

1. The ***Official Disability Guidelines***, 11th Edition, The Work Loss Data Institute.
2. The ***American College of Occupational and Environmental Medicine Guidelines***; Chapter 12.