

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

**DATE OF REVIEW:** August 4, 2008

**IRO CASE #:**

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

Right L4-5 Transforaminal epidural with selective nerve root block

**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 Carrier include:

- Employer's First Report of Injury or Illness
- Consulting, 06/23/08

- Physician's Report, unsigned, 03/01/08, 03/03/08, 03/05/08, 03/10/08, 03/12/08, 03/14/08, 03/28/08, 03/31/08, 03/24/08, 04/02/08, 04/09/08, 04/11/08, 04/16/08 Institute, 05/19/08, 05/02/08
- Imaging, 04/07/08
- D.C., not dated 03/04/08
- Triage Report, R.N., 01/22/08

Medical records from the URA include:

- Official Disability Guidelines, 2008
- Institute, 05/02/08, 05/19/08, 06/18/08
- 05/12/08, 06/11/08

Medical records from the Provider include:

- Imaging, 04/07/08
- Institute, 05/02/08, 05/19/08, 06/18/08

### **PATIENT CLINICAL HISTORY:**

The patient developed pain radiating down his right upper extremity as a result of work activities on xx/xx/xx.

I have received records from M.D. His initial medical report is dated May 2, 2008. He notes a normal neurologic examination, including normal motor examination, slightly asymmetric reflexes in the Achilles tendon, and a positive straight leg raise. He provides a diagnosis of lumbar radiculopathy and herniated disc. He prescribed a Medrol Dosepak, Lyrica, and Relafen. He recommended a transforaminal L4-5 epidural injection. Interestingly, the MRI findings were at L5-S1, not at L4-5.

There is no medical record that indicates that any conservative treatment had been performed.

The patient returned on June 18, 2008, and he again recommended an epidural steroid injection. The epidural steroid injection was denied by the carrier and a request for an IRO was made.

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

It is my opinion that the denial was appropriate. The patient does not meet ODG criteria for epidural steroid injections. Although there was evidence of radiculopathy according to the physician's clinical findings, the medical records provided to me do not document that the patient has had any conservative treatment with respect to exercises, physical methods, and muscle relaxants. There is no documented response to the medications that

Dr. prescribed. Therefore, it is my opinion that the denial of the epidural steroid injection appears to be appropriate because there is no documentation of significant conservative measures being undertaken.

**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)**