



Southwestern Forensic
Associates, Inc.

DATE OF REVIEW: 08/13/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Epidural steroid injections.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine and Rehabilitation,
Pain Management

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. MRI scan report dated 02/13/08 from Dr. , which reads, “Degenerative disc disease at L3-S1 with mild disc interspace narrowing at L4/L5, mild disc bulging at L4/L5, no disc herniation or spinal canal stenosis demonstrated.”
2. I have reviewed the report from Dr. dated 05/09/08. He diagnosed “lumbar strain/sprain, left leg sprain/strain, left knee sprain, left hip sprain/strain.” He makes reference to an 11/30/07 MRI report of the left hip showing osteoarthritis.
3. I reviewed a report from Dr. dated 05/12/08. The impression was “lower back pain syndrome, lumbar radiculopathy, displaced, thoracic spine lumbar discs.” At that time he had a positive straight leg raising test on the left with diminished strength and sensation.
4. I reviewed a report from Dr. dated 06/24/08 indicating that the examinee has already undergone physical therapy and use of anti-inflammatory medications and has not improved.
5. I reviewed a report from Dr. . Notations indicated that there was an EMG study performed, but he did not have the results, and I do not, either.
6. I reviewed a report from Dr. wherein he indicates that an EMG study in 2008 did not show evidence of radiculopathy.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This is a xx-year-old male who presents with a history of having fallen six feet, landing with his left leg straddled behind him on . He went on to have chiropractic care and physical therapy. He has had an MRI scan showing degenerative changes in the lower lumbar spine. He apparently had a negative EMG study on 01/04/08. When he was seen on 05/09/08 by Dr. , there was no radiculopathy diagnosed. In the 05/12/08 report from Dr. , there is some confusion in my mind. Specifically, the interpretation, which states, “Straight leg raising tests positive at L4/L5 and L5/S1 to the left with diminished sensation and strength, and L3/L4.” This makes no sense. Straight leg raising is either positive or negative. You are unable to localize specifically which segment of the spine is creating the positive test. Also, it does not say where the diminished sensation is at or which myotome has weakness. At the end of the paragraph, he states, “And L3/L4.” It is unclear what this is referring to. The negative EMG study would be consistent with the lack of pathology identified on the MRI scan and would be consistent with the negative radicular pattern identified by Dr.

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

The clinical examination is not consistent with an identifiable radiculopathy. The electrodiagnostic and MRI test results do not confirm a radicular component or compression of any of the nerve roots. There previously was no identified radiculopathy by Dr. . The ODG Guidelines indicate that epidural steroid injections can be appropriate when there is a known objectively verifiable radiculopathy, which is not the case here.

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

(Check any of the following that were used in the course of your review.)

- 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)