



Southwestern Forensic
Associates, Inc.

DATE OF REVIEW: 08/15/08

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,
and 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. I have for my review an MRI scan report of the lumbar spine dated 02/14/08 authored by Dr. . Her impression is “disc desiccation and degeneration at L3/L4, mild multilevel spondylosis with minimal left neural foraminal narrowing at L4/L5 and L5/S1.”
2. I have reviewed notes from Dr. . The patient first visited at this doctor’s clinic on 03/10/08, and I have the note from that particular day. At that point in time, he was given a good prognosis, but no diagnosis was entered. It appears as though he was having pain in his lower back. The date of injury was xx/xx/xx.
3. I reviewed a 03/31/08 note from Dr. , which also states it was the first visit to that clinic. He was diagnosed with “low back pain.”
4. I reviewed a 04/14/08 report from Dr. , which states it is the first visit to his clinic where he was diagnosed with low back pain.
5. On 04/23/08 the initial physical therapy evaluation indicated the injured employee was complaining of low back pain radiating to the right leg in the posterior lateral thigh to the knee.

6. I reviewed a 04/28/08 note from Dr. , indicating this was his first visit to the clinic, and the diagnosis was low back pain. He had negative straight leg raising on both sides on that date.
7. I reviewed a 05/12/08 report from Dr. . At that time he was complaining of lower back pain but indicated that the pain did not radiate. He continued with negative bilateral straight leg raising.
8. I reviewed a report from Dr. , orthopedic surgeon, dated 05/12/08. His letter makes no sense. He states, "I have personally reviewed the MRI scan, which reveals a lumbar disc the church in noted at L3/L4." He goes on to state that the patellar reflex is diminished or reduced.
9. On 03/12/08 Dr. 's note indicates the reflexes were normal.
10. EMG study on 05/28/08 by Dr. showed "right L4/L5 radiculitis."
11. I reviewed the 06/09/08 note from Dr. where he was complaining of lower back pain. He continues to state the pain does not radiate, which makes no sense if one doctor is saying he has diminished right patellar reflexes, and the same doctor who states the pain does not radiate states that the EMG study is abnormal for L4/L5 radiculitis.
12. I reviewed the 06/30/08 note from Dr. where the pain was continuing in the back without radiation and without any altered reflexes.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This is a xx male who, on xx/xx/xx, was lifting heavy equipment and developed low back pain. Dr. continually diagnosed his low back pain without any radiation and with normal reflexes and sensory exam. The MRI scan showed no nerve root compression. Dr. on one exam found a decreased patellar reflex, which is the one and only time this was identified. He felt there was a disc pathology at the L4/L5 level resulting in diminished reflex. However, there was no nerve root compression identified in the MRI scan, and this would be inconsistent with the balance of the exams by Dr. . The EMG study found positive waves in the medial gastrocnemius and decreased recruitment of the vastus medialis, but there were no paraspinal abnormalities noted to suggest that this was, indeed, a radiculopathy.

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

It is my opinion that the criteria for epidural steroid injection is not met. Epidural steroid injections are indicated according to the ODG Guidelines at one level when there has been unequivocal demonstration in an objective fashion of a radiculopathy. This case was confusing in that nothing seems to match up. There is no leg pain, yet there is radiculopathy. There is no compression on the MRI scan, yet there is a radiculitis on EMG study. The doctor who did the EMG study states that there is no radiation. The orthopedist that looks at the MRI scan disagrees with the radiologist who states there is no disc herniation or protrusion. I do not believe the ODG Guidelines criteria for epidural steroid injections has been definitively satisfied.

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.)