



DATE OF REVIEW: 12/09/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Transforaminal epidural steroid injection under fluoroscopy and sedation.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of the spine-injured patient

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)

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This unfortunate xx-year-old male has two dates of injury. The first date of injury was xx/xx/xx. The second date of injury was xx/xx/xx. After the first date of injury, the patient was treated for low back pain and lumbar sprain. He had a diagnosis of herniated nucleus pulposus at L4/L5 with sciatica. On xx/xx/xx he fell in the bed of his truck, suffering an additional injury to the lumbar spine and his right shoulder. There is a mixture of the medical records between the evaluation and treatment of the right shoulder contusion and acromioclavicular osteoarthritis as well as evaluation of the low back pain with sciatica. His diagnoses are low back pain, lumbar sprain, and herniated nucleus pulposus at L4/L5 and L4/L5. He has had straight leg raising tests positively documented. He also has documented sciatica. The patient has been recommended for plasma disc decompression. This has been denied as investigational. He has also had recommendation for epidural steroid injections as a result of recent severe low back pain.

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

This patient has two episodes of injury on the job producing low back pain. He has diagnoses that include low back pain, lumbar sprain, herniated nucleus pulposus at L3/L4 and L4/L5 as well as sciatica in addition to right shoulder contusion with symptoms

associated with acromioclavicular osteoarthritis. The epidural steroid injections are indicated in the treatment of chronic low back pain unresponsive to other forms of nonoperative treatment. It would appear that this patient meets minimal criteria for such on the basis of the passages in the ODG 2008 Low Back Chapter which are applicable. The initial decisions to deny epidural steroid injections should be overturned.

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 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, Low Back Chapter, epidural steroid injection passage
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.)