



REVIEWER'S REPORT

DATE OF REVIEW: 12/12/08

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:

I have reviewed medical records on the above-mentioned individual, which I will summarize for you below.

1. I reviewed a Peer Review report from authored by Dr. on 10/23/08.
2. I reviewed a letter of reconsideration dated 10/30/08 for reconsideration of a left L4/L5 transforaminal steroid injection dated 10/01/08. He makes reference to an MRI study of 10/01/07 showing a focal central disc protrusion and paracentral disc protrusion at L4/L5 abutting the L5 nerve root on the right side. He also references an L3/L4 central disc protrusion. This letter was authored by Dr.
3. The injury dates appears to have been in xx/xx or xx/xx. She was lifting a box when she felt low back pain. She had decreased sensation in the right S1 dermatome along with weakness of the right great toe extensor. She had a positive straight leg raise on the right and negative on the left. This was submitted by Dr. on 09/24/08. At the time she was taking Darvocet, Flexeril, and Nexium. He recommended right L4/L5 transforaminal epidural steroid injections.

4. I reviewed the MRI scan report of 10/01/07. Impression was “at L3/L4 there is early disc degeneration as well as a small posterior right paracentral radial annular tear. There is a 3 mm x 4 mm posterior focal central disc protrusion without extrusion and without evidence of involvement of the respective exiting right or left nerve root of L4. At L4/L5 there is also early disc degeneration as well as a posterior central right paracentral medial annular tear. There is at least an 8 mm x 5 mm posterior or focal central right paracentral disc protrusion without extrusion and impression upon the respective thecal sac abutting against the existing right nerve root of L5. There is a minimal degree of central spinal canal stenosis due to the above changes.” This is signed by Dr
5. I reviewed a progress note from Dr. from 10/23/08. There was no orthopedic or neurologic examination that day.
6. I reviewed a 12/01/08 report, which is not signed and appears incomplete.
7. I reviewed the Report of Injury form dated 08/01/07. She was diagnosed with lumbar sprain and spinal neuralgia.
8. I reviewed the progress notes from her primary care physician beginning 08/01/07. X-rays of the lumbar spine were “negative for acute injury” on 08/05/07 according to Dr. , radiologist.
9. I reviewed physical therapy notes from where she was treated for a lumbar strain.
10. I reviewed notes from Dr. , primary care physician.
11. I reviewed a report from Dr. . This was apparently a paper review without physical examination. She was diagnosed by Dr. with “neuralgia, neuritis, and radiculitis unspecified with spinal stenosis of the lumbar region” when he saw her on 12/10/07.
12. On 03/13/08 she was complaining of low back with bilateral leg pain when seen by Dr. . There was a reference made to an EMG performed on 11/15/07 showing a right L5 and possible S1 radiculopathy. This was contained in a review of medical records by Lone Star Evaluations on 03/19/08. He indicated she did not have a physical examination that correlates with the EMG. He stated at that time she was having pain in her lower back and down both legs but worse on the right side. This report was offered by Dr. .
13. On 04/09/08 she was seen by Dr. where she was still having back pain. She had not yet had any epidural steroid injections.
14. On 05/21/08 Dr. stated she was still complaining of low back pain and was on Flexeril and Darvocet.
15. On 06/25/08 Dr. indicated she was improved for injections but did not know who was going to do these injections, apparently.
16. On 07/17/08 he indicated that the epidural steroid injections were pending at that point in time.
17. On 08/14/08 no reference was made to the epidural steroid injections, and she was still complaining of lower back pain.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This is a xx-year-old female who presents with a history of developing low back pain with radicular symptoms bilaterally but more on the right side as a result of a lifting event at work on xx/xx/xx. She went on to have conservative treatment with physical therapy, medications, and home exercises with some improvement but still persistent pain in her back. Her most recent exam by Dr. suggests low back pain with sensory changes and

strength changes suggestive of a right lumbosacral radiculopathy. She had an MRI showing possibility of abutment of the right L5 nerve root. She has had an EMG suggesting right thigh radiculopathy and possible S1 radiculopathy.

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

Based on her persistent symptoms and recent findings with Dr. Potter, I believe the right L4 and L5 transforaminal epidural steroid injection would be appropriate based on her failure to resolve with conservative strategies and with the objective evidence of radiculopathy, that being EMG, which correlates with the MRI which correlates with the most recent clinical examination of Dr. Potter.

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.)