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Notice of Independent Review Decision

DATE OF REVIEW: 02/24/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Items in Dispute: Lumbar epidural steroid injections.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Board Certified in Physical Medicine & Rehabilitation

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Denial Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Documentation from Dr. dated 08/21/01, 09/11/01, 10/15/01, 10/19/01, 11/30/01, 12/27/01, 01/25/02, 02/06/02, 03/28/02, 05/30/02, 09/10/02, 10/08/02, 10/17/02, 11/07/02, 03/25/03, 04/08/03, 05/01/03, 06/20/03, 07/17/03, 07/22/03, 08/26/03, 08/28/03, 11/06/03, 12/04/03, 11/14/06, 01/11/07, 01/25/07, 02/13/07, 02/19/07, 03/02/07, 03/12/07, 04/13/07, 05/15/07, 06/28/07, 09/20/07, 11/01/07, 02/05/08.
2. Thoracic spine MRI report dated 10/18/01.
3. Functional Capacity Evaluation report dated 11/20/01, 08/27/02.
4. Lumbar spine MRI report dated 01/17/02, 04/03/03, 09/29/05, 02/21/06, 02/15/07.
5. Documentation from Dr. dated 07/01/02, 08/29/06.
6. Electrodiagnostic assessment report dated 09/06/02, 01/17/07.
7. Left shoulder MRI report dated 11/05/02.
8. Documentation from Dr. dated 04/21/03.
9. Documentation from Dr. dated 06/21/03, 10/03/05.
10. Documentation from Dr. dated 02/01/07.
11. 02/01/07, Dr.

12. Pelvic MRI report dated 02/15/07.
13. Abdominal x-ray report dated 02/23/07.
14. CT scan of the abdomen/pelvis report dated 02/23/07.
15. Documentation from Dr. dated 03/09/07.
16. Documentation from Dr. dated 05/08/07.
17. Documentation from Dr. dated 06/22/07.
18. Documentation from Dr. dated 10/25/07.
19. Orthopedic Center dated 11/01/07-02/05/08.
20. Adverse determination notice dated 12/12/07-12/26/07.
21. dated 02/12/07.
22. **Official Disability Guidelines.**

PATIENT CLINICAL HISTORY [SUMMARY]:

The employee was employed as a at a restaurant when she sustained an injury on xx/xx/xx. The employee was carrying a tray that weighed approximately 50 pounds. The tray began to fall backwards, and the employee leaned back in an effort to prevent the tray from falling and hyperextended the low back region and developed difficulty with primarily low back pain but also reportedly developed difficulty with mid back pain and left shoulder pain.

The employee was seen for an initial evaluation by Dr. on 08/06/01. The employee was diagnosed with a thoracic strain, a lumbar strain, and a rotator cuff tendonitis of the left shoulder.

The employee was reevaluated by Dr. on at least four occasions from 08/21/01 to 10/19/01. On 10/19/01, it was documented that a thoracic MRI study had been accomplished, and this study was found to be unremarkable.

A thoracic MRI report dated 10/18/01 indicated that a thoracic MRI was normal.

A Functional Capacity Evaluation (FCE) was obtained on 11/20/01. This study disclosed that the claimant appeared capable of sedentary type work activities. It appears this was a valid study.

The claimant was reevaluated by Dr. on 11/30/01 and 12/27/01. On 12/27/01, it was documented that the claimant was using a neural stimulator unit to assist with management of pain symptoms.

A lumbar MRI was obtained on 01/17/02. This study disclosed findings consistent with a disc protrusion at the L5-S1 disc level. Dr. reassessed the employee on 01/25/02, 02/26/02, and 03/28/02. On 03/28/02, it was recommended that an electrodiagnostic assessment be accomplished.

The employee was evaluated by Dr. on 07/01/02. The employee was awarded a 6% whole body impairment. The employee was awarded a 5% whole body

impairment with respect to the lumbar spine and a 1% whole body impairment with respect to the left shoulder.

Dr. reevaluated the employee at least four times from 05/30/02 to 10/17/02. On 10/17/02, Dr. felt the employee was capable of light duty work activities.

An electrodiagnostic diagnostic assessment of the lower extremities was accomplished on 09/06/02 and was found to be unremarkable.

A left shoulder MRI was obtained on 11/05/02 and disclosed findings consistent with mild changes of tendinosis that involved the supraspinatus tendon.

Dr. reevaluated the employee on 03/25/03 and 04/08/03. On 04/08/03, it was recommended that a neurosurgical consultation be accomplished.

A lumbar MRI was obtained on 04/03/03. This study disclosed findings consistent with a disc extrusion at the L5-S1 level. The disc extrusion was described as large in nature, and there was caudal and cephalad migration of material.

The employee was evaluated by Dr. on 04/21/03. Dr. recommended that the employee undergo lumbar spine surgery. Dr. documented that the employee was with difficulties as it related to bowel and bladder function.

Dr. reevaluated the employee at least five times from 05/01/03 to 08/28/03. It was recommended that the employee had receive treatment in the form of physical therapy which was of some benefit to the employee.

Lumbar spine surgery was performed on 06/21/03 by Dr. . The employee was diagnosed with a disc herniation at the L5-S1 level with a cauda equina syndrome.

On 11/06/03, it was documented that the employee was involved in a “relatively minor rear end motor vehicle accident this past weekend”. It was recommended that the employee be provided access to physical therapy. An FCE was accomplished on 08/27/02. This study did disclose some concern with respect to “some mild symptom magnification”.

A lumbar MRI was obtained on 09/29/05. This study disclosed findings consistent with a central disc protrusion at the L4-L5 level. There was also evidence for a facet arthropathy at the L5-S1 level.

On 10/03/05, the employee was evaluated by Dr. I. Dr. did not recommend surgical intervention on that date.

Dr. assessed the employee on 11/14/06. It was recommended that the employee utilize over-the-counter Aleve for management of pain symptoms.

A lumbar MRI was obtained on 02/21/06. This study disclosed findings consistent with a central disc protrusion at the L4-L5 level. There was also evidence for a paracentral soft tissue disc bulge at the L5-S1 level.

On 08/29/06, the employee was evaluated by Dr., and the employee was awarded an 11% whole body impairment.

Dr. evaluated the employee on 01/11/07, and it was documented that the employee was with symptoms of low back pain that radiated into each lower extremity. It was recommended that an electrodiagnostic assessment be accomplished.

On 01/17/07, an electrodiagnostic assessment was obtained. This study disclosed findings consistent with a possible L4-L5 acute radiculopathy bilateral in nature.

Dr. assessed the employee on 01/25/07. It was recommended that the employee participate in a nonsupervised rehabilitation regimen.

The employee was evaluated by Dr. on 02/01/07. The employee was diagnosed with a lumbar radiculopathy, and Dr. recommended the employee be maintained on Methocarbamol, Lyrica, and Aleve.

Dr. evaluated the employee on 02/13/07, and it was recommended that a lumbar MRI be obtained.

A pelvic MRI was accomplished on 02/15/07. This study disclosed findings consistent with a left sacroiliac joint arthropathy.

A lumbar MRI was obtained on 02/15/07. This study disclosed findings consistent with a right L5 laminotomy. There was no evidence of a recurrent disc herniation.

Dr. reevaluated the employee on 02/19/07. It was documented that employee was with difficulties as it related to bowel dysfunction.

Abdominal x-rays were accomplished on 02/23/07 and revealed no evidence of an acute pathological process.

A CT scan of the abdomen and pelvis accomplished on 02/23/07 revealed evidence for a cystic lesion in the right adnexal region. No other abnormalities were noted.

Dr. evaluated the employee on 03/02/07. It was not recommended that the employee pursue any treatment in the form of lumbar spine surgery.

On 03/09/07, the employee was evaluated by Dr. as it related to bowel dysfunction. It was recommended that the employee utilize muscle relaxant medication in an effort to assist in prevention of the employee straining while attempting to defecate.

The employee was evaluated by Dr. on 05/08/07, who performed a Required Medical Evaluation (RME). Dr. diagnosed the claimant with a cauda equina syndrome, which developed as a result of a disc herniation at the L5-S1 level.

Dr. assessed the employee on 05/17/07, and it was recommended that consideration be given for a lumbar epidural steroid injection.

Dr. evaluated the employee on 06/22/07 and recommended consideration of treatment in the form of sacroiliac joint injections.

A note from Dr. dated 06/28/07 indicated that the ruled that the employee's compensable work injury included a cauda equina syndrome. It was also documented that issues with respect to bowel and bladder dysfunction were deemed to be compensable injuries.

A Designated Doctor Evaluation was conducted by Dr. on 10/25/07. Dr. was not confident that there were symptoms and findings on physical examination consistent with a cauda equina syndrome.

Dr. evaluated the employee on 02/05/08. It was documented that the employee was with complaints of right lower extremity weakness. A physical examination disclosed findings consistent with a lumbar radiculopathy. It was documented that the employee was with numbness in the right lower extremity. The employee was also with a positive straight leg raise test on the right lower extremity.

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

The date of injury of this case is xx/xx/xx. The employee ultimately underwent lumbar spine surgery on 06/21/03 as documented above.

The available records document there were findings on a physical examination of 02/05/08 by Dr. which revealed signs and symptoms consistent with a lumbar radiculopathy. The records document that the left lumbar MRI accomplished on 02/15/07 revealed findings consistent with a right laminotomy at the L5 level with evidence of epidural scar tissue enhancement. There was also evidence of an annular tear at the L4-L5 level. An electrodiagnostic assessment accomplished on 01/17/07 disclosed findings consistent with a lumbar radiculopathy.

Based upon the extensive medical records submitted for review, an attempt at one lumbar epidural steroid injection would appear reasonable and appropriate in

this case. The available records would appear to indicate that the compensable medical conditions referable to the above noted work injury would consist of a cauda equina syndrome and also a lumbar herniated disc at the L5-S1 level for which lumbar spine surgery was performed.

Official Disability Guidelines would support an attempt at a lumbar epidural steroid injection when there are documented findings on physical examination consistent with a lumbar radiculopathy and when there are documented objective diagnostic test results which are consistent with a medical diagnosis of lumbar radiculopathy.

In this particular case, **Official Disability Guidelines** would support an attempt at one lumbar epidural steroid injection. If such a procedure were to provide at least a 50% reduction in pain symptoms, then the above noted reference would support an attempt at a second such procedure. The above noted reference does not typically support more than two injections in the “therapeutic phase” of treatment.

As stated above, an extensive amount of medical data was made available for review, and this physician did review the above noted medical records. Therefore, review of the submitted medical records and after careful review of the **Official Disability Guidelines**, an attempt at a lumbar epidural steroid injection would be considered reasonable and appropriate in this particular case.

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

1. ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES