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Notice of Independent Review Decision

DATE OF REVIEW: February 6, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Third lumbar epidural steroid injection

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

Neurosurgery – Board Certified

REVIEW OUTCOME

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

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records from the Carrier include:

- Medical Center, Emergency Department
- Medical Center, Radiology Reports, 09/12/06, 09/18/06, 10/17/06

- M.D., 09/14/06, 09/14/06, 09/21/06, 10/02/06, 10/26/06, 03/08/07, 12/10/07
- Hospital, M.D., 09/27/06
- Hospital, M.D., 09/27/06, 10/09/06, 04/18/07, 04/18/07
- 12/21/07, 01/09/08

Medical records from the URA include:

- Official Disability Guidelines, 2007
- 12/21/07, 01/09/08
- M.D., 12/10/07, 03/08/07, 09/14/06, 09/21/06, 10/02/06, 10/26/06, 03/08/07, 12/10/07, 01/03/08
- Hospital, M.D., 09/18/05
- Hospital, M.D., 09/27/06, 10/17/06, 04/18/07
- Hospital, M.D., 09/27/06

Medical records from the Requestor/Provider include:

- M.D., 09/14/06, 09/21/06, 10/02/06, 10/26/06, 03/08/07, 12/10/07
- Hospital, M.D. 09/27/06, 10/17/06, 04/18/07
- Hospital, Radiology Reports, 09/27/06

PATIENT CLINICAL HISTORY:

This female was injured. While mopping at school, she twisted, developing back and left leg pain. The patient has a previous history of back injury three years prior and was treated conservatively.

The patient is followed by M.D., neurosurgeon, for her present work injury.

A lumbar MR on September 18, 2006 revealed degenerative spondylitic change. There was no herniated nucleus pulposus or stenosis.

Initially, Dr. recommended epidural steroid injections; however, the patient was not interested. He then recommended a CT myelogram, which essentially revealed no changes from the MR findings with specific mention of spondylitic change causing mild stenosis at L3-4 and L4-5. This study was performed on September 27, 2006.

In October of 2006, Dr. again recommends epidural steroid injections and the patient gets her first epidural injection on October 17, 2006. Apparently, there is improvement after the injection and the patient is returned to light duty work.

The patient now is not seen until March 8, 2007, by Dr.. The patient comes back in complaining of recurrent back and left leg pain. He recommends another epidural steroid injection, and this is performed on April 18, 2007.

The patient now returns on December 10, 2007. Dr. indicates that she had a good result from her second injection for some time, however, now develops recurrent pain in her back and both legs, worse on the left. Dr. describes "multilevel canal stenosis, particularly severe at L4-5." This certainly contradicts the previous reports by radiology of the MR and the CT myelogram. Dr. recommends a third epidural steroid injection.

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

I would support the denial of additional epidural steroid injections on the basis not only of ODG guidelines which are not absolutely specific about the indications and the protocol, however, do state that, "There is no benefit over placebo between weeks 6 and 52 weeks of efficacy," and also that, "A maximum of two ESIs is recommended in most circumstances, and only when there is documented radiculopathy (by exam, imaging, or neuro testing), which is unresponsive to conservative treatment." The patient appears to have a chronic lumbar degenerative disc syndrome by history and it appears that an additional epidural steroid injection at this prolonged interval is not likely to be efficacious for any length of time. It also does not appear that the patient has significant stenosis or anatomic radiculopathy. In my opinion, a third epidural steroid injection is not justified.

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

- ☐ **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**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**