



REVIEWER'S REPORT

DATE OF REVIEW: 01/31/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

L4/L5 and L5/S1 left transforaminal epidural steroid injections.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with experience in the evaluation and treatment of injured individuals

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. TDI assignment forms
2. ZRC Medical Resolution forms
3. Request for IRO
4. Denial letters dated 12/13/07 and 0/15/08
5. Carrier's submission dated 01/23/08
6. Requestor's records including clinical evaluations by M.D. between 06/04/07 and 01/14/08, seven clinical notes
7. M.D., three clinical notes between 09/24/07 and 12/17/07
8. “To Whom It May Concern” letter dated 10/08/07
9. ODG Guidelines were not presented for review.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This unfortunate male fell, suffering an injury to his right knee and his lumbar spine . He underwent right knee surgery on 07/25/07 with resolution of his knee symptoms. He has had persistent low back pain. There is a stated history of a prior treatment of his low

back pain with an epidural steroid injection. However, the date of that injection, the circumstances of that injection, and the report of that injection are not present. The patient has probable degenerative disc disease with overlying symptoms of lumbar strain and some suggestion of degenerative disc displacement. The actual MRI scan report suggesting such is not present.

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

There is insufficient clinical information to document that this patient meets ODG criteria for a second lumbar epidural steroid injection. The date of the prior epidural steroid injection is not given, nor is the actual documentation of effect. The interval between steroid injections is not clear. There is no clear documentation of radiculopathy, and as a matter of fact, recent EMG/nerve conduction study reportedly did not demonstrate evidence of radiculopathy.

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, Lumbar Pain Chapter
- 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.)