

**SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.**  
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Notice of Independent Review Decision

**DATE OF REVIEW:** January 22, 2008

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Lumbar epidural steroid injections (CPT codes 64483, 64484).

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

American Board of Physical Medicine and Rehabilitation

**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:

- M.D., 11/02/07

- Spine & Pain Center, 11/13/07, 12/07/07, 12/27/07
- 11/26/07, 12/17/07

Medical records from the URA include:

- Official Disability Guidelines, 2007
- Spine & Pain Center, M.D., 11/13/07, 12/07/07, 12/17/07
- 11/19/07, 12/17/07, 12/18/07, 01/10/08
- M.D., 11/26/07

Medical records from the Provider include:

- Imaging, 11/02/07
- Spine & Pain Center, 11/13/07, 12/07/07, 12/27/07, 01/10/08

### **PATIENT CLINICAL HISTORY:**

At the time of injury the patient was a female employed at a hospice when she injured her low back as a result of interaction with a combative/confused patient.

The initial reports and follow-up documentation supports low back pain with referral to the left lower extremity. The follow-up physical examinations have documented neurotension findings with reduced lower extremity reflexes.

The patient has exhausted all appropriate conservative care efforts including oral medication and rehabilitation (physical therapy) efforts.

The MRI of the lumbar spine on November 2, 2007 disclosed a lumbar disc protrusion at L3-4, eccentric to the right when compared with the left. Additionally, there is a small disc protrusion asymmetric to the right at L5-S1. These findings are unchanged from the previous MRI of August 3, 2007.

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

A trial of an epidural steroid injection is a reasonable next treatment option. The epidural steroid injection can offer short-term pain relief in conjunction with other rehabilitation efforts, including a home exercise program.

The epidural steroid injections may be helpful with radicular symptoms not responsive to two to six weeks of conservative therapy (Kincade 2007). The purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery.

**Decision**

Approval for trial treatment of lumbar epidural steroid injection

**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)