

**I-Resolutions Inc.**  
*An Independent Review Organization*  
71 Court Street  
Belfast, Maine 04915  
(512) 782-4415 (phone)  
(512) 233-5110 (fax)

**Notice of Independent Review Decision**

**DATE OF REVIEW: JANUARY 27, 2008**

**IRO CASE #:**

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

Outpatient Lumbar ESI at L5/S1

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

M.D., board certified Orthopedic Surgeon, board certified Spine Surgeon, board certified in Pain Management

**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**

Adverse Determination Letters, 12/17/07, 12/28/07  
D.O., 8/30/07, 8/24/07, 1/25/05, 12/28/04, 12/22/04  
MD, 8/19/04, 1/15/04, 8/13/04, 7/2/04, 5/21/04, 4/16/04, 3/12/04, 1/26/04, 1/5/04,  
12/5/03  
MD, 2/10/03, 4/3/03, 5/8/03, 6/10/03, 6/26/03, 11/3/03, 10/16/03, 9/18/03, 6/21/04,  
8/26/04, 9/13/04  
MD, 4/18/05, 6/6/05, 7/15/05, 8/18/05, 11/14/05, 1/13/06, 2/1/06, 2/17/06, 3/17/06,  
4/17/06, 5/22/06, 6/5/06, 6/23/06, 6/26/06, 9/29/06, 1/12/07, 4/13/07, 6/15/07, 8/23/07,  
12/6/07, 1/9/08  
MD, 2/1/06  
MD, 1/30/03

Clinic, 1/27/06  
Statement of Medical Necessity, 4/17/06, 1/12/07, 8/23/07  
X-Ray Lumbar, 4/18/05, 6/23/06  
X-Ray Thoracic and Ribs, 4/18/05  
PPE, 8/24/07  
CT Scan of the Lumbar Spine, 8/4/04, 7/28/05  
MRI of the Thoracic Spine, 6/10/04  
MRI of the Lumbar Spine, 11/13/02  
MD, 5/12/04  
MD, 4/24/03  
Recorded Claims Statement, 11/20/02  
Lumbar Epidurogram and ESI, 1/30/03  
MD, 10/23/02, 10/25/02, 11/5/02, 1/14/03, 1/28/03  
DC, 11/8/02, 1/31/03  
Dr. 9/9/04  
MD, 10/28/04  
TXWCC Letter, 1/7/05  
MD, 5/29/05  
3/5/07  
letter, 8/16/07  
ODG Guidelines  
Diagnostic and Therapeutic Spinal Injections, Journal Article, Undated  
PubMed Abstract, "The Effect of Spinal Steroid Injections for Degenerative Disc Disease," G.R. Buttermann  
PubMed Abstract, "Epidural Steroid Injections," Hession, Stanczak, Davis, Choi

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient apparently injured herself while twisting her ankle, sustaining a hip injury. She ended up with chiropractic care and physical therapy. She was found to have a disc lesion, which became part of the ankle injury, and had a lumbar fusion. She continued to complain, the fusion was re-explored, and the hardware was removed. Additional surgery was then recommended by a different surgeon, which was noncertified. A large herniated disc has been detected in the T10/T11, which is said to press on the spinal cord, but this has not been addressed other than for a request for epidural steroid injections, which were denied. The care continues with a diagnosis of internal disc derangement at L4/L5 and L5/S1. She has already received a 24% whole person impairment rating from the Designated Doctor. Current request is for a lumbar epidural steroid injection at L5/S1. At this time, there is no objective, independently verifiable radiculopathy noted within the records provided other than some complaint of pain in the extremities.

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

The use of epidural steroids in the cervical lumbar area has been documented through objective double blind studies to be of benefit for patients with radiculopathy. In this particular individual's case, there is no documented deformity of the nerve root sleeve seen on the imaging studies, and the patient's complaints are predominantly axial as evidenced by the diagnosis of internal disc derangement. There is no evidence that the

use of epidural steroid injections in patients with spinal stenosis and nonradicular pain are of any benefit. It is particularly so when they have already had previous and repeated injections. The time, in this particular case, is years after the original injury, and hence the acute inflammation, if any, has inexorably resolved. The ODG Guidelines do not support these epidural steroids in this type of situation due to the absence of objective outcome data that support the use of these modalities. It is with this in mind that the previous adverse determination decision is being upheld.

**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)**