



**INDEPENDENT REVIEW INCORPORATED**

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Notice of Independent Review Decision

**DATE OF REVIEW:** 03/19/08

**IRO CASE #:**

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

Lumbar transforaminal epidural steroid injection at L4 through S1 under fluoroscopy.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., board certified in Anesthesiology by the American Board of Anesthesiology

**REVIEW OUTCOME:**

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
724.04 724.02	64483	NA	Prosp.						Upheld

**INFORMATION PROVIDED FOR REVIEW:**

1. TDI case assignment
2. Letters of denial dated 02/05/08 and 02/27/08 and criteria for denial (ODG)
3. History and physical dated 10/06/04
4. Lumbar myelogram dated 03/31/05
5. Pain Management evaluation and follow up
  - Preauthorization request 01/30/08
  - Correspondence 02/14/08
  - Appeal request 02/20/08
  - Follow up visit 01/22/08

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The patient is a xx-year-old male with a lumbar injury dating from xx/xx/xx. The patient presently experiences continued lower back and lower extremity pain, right greater than left. The patient reports radiating pain with numbness and tingling. There is no apparent weakness. The patient is treated with Norco for analgesia and also receives Zoloft, Glucophage, lisinopril, and Nexium. He is not considered a candidate for anti-inflammatory medications.

A myelogram dated 03/21/05 reports, "Severe spinal stenosis at L4/L5." An MRI scan of unknown date in this review is said to have shown L4/L5 disc herniation. A series of epidural steroid injections "twelve to eighteen months ago" are said to have provided "significant relief"

lasting several months. No documentation of this is available. Of note, the patient had a liposarcoma excised from the left hip and was subsequently treated with radiation therapy.

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

The only documented radiologic study provided for this review is a myelogram from March 2005 showing "severe spinal stenosis at L4/L5." No further radiologic study is available. The American Society of Interventional Pain Physicians Evidenced-Based Practice Guidelines in the Management of Chronic Spinal Pain clearly states that the evidence for transforaminal epidural injections in the setting of spinal stenosis is "indeterminate" and not supported. The patient may not be a candidate for surgery for a variety of reasons. The patient's present pathophysiology may have changed. Of note, the previous epidural injections are not documented in the materials available for this review.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, 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 national accepted medical literature (provide a description).
  - Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.) "Interventional Techniques, Evidence-Based Practice Guidelines in the Management of Chronic Spinal Pain," Pain Physician, 2007, Volume 10, pages 7-111. These may also be found in the National Guideline Clearing House titled "Interventional Techniques, Evidenced-Based Practice Guidelines in the Management of Chronic Spinal Pain," www.Guideline.gov.
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