



Southwestern Forensic  
Associates, Inc.

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 03/06/08

**IRO CASE #:**

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

Epidural steroid injection.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine and Rehabilitation,  
Pain Management

**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. I have for my review the request for a lumbar epidural steroid injection at L4/L5 with catheter and saline dated 02/14/08.
2. I reviewed a report of 01/04/07 indicating low back pain with right greater than left lower extremity radiculopathy. This was an individual with a date of injury of xx/xx/xxxx. MRI scan showed facet arthrosis at L4/L5, according to this letter. Neurologically, he was intact but complained of radiating pain to the lower extremities on the right side more than left. This was apparently increased while doing straight leg raising bilaterally. The report was authored by Dr.
3. I reviewed the MRI scan report of 02/02/07 authored by Dr. There is an L4/L5 facet arthritis, but otherwise the test is unremarkable.
4. I reviewed a 03/29/07 note from Dr. He was having problems with sitting, standing, and bending. He was recommended for a lumbar epidural steroid injection at that time.

5. He had a 04/23/07 followup after his first lumbar epidural steroid injection. His pain score was 4/10. The notation indicates that there was a 33% improvement following epidural steroid injection.
6. On 04/27/07 he presented for a repeat epidural steroid injection. He was diagnosed with discogenic back pain. He did receive his second lumbar epidural steroid injection on that date, according to Dr.
7. On 05/03/07 he was seen for his third epidural steroid injection. This was also performed by Dr.
8. On 05/29/07 he was seen in followup, reporting 40% improvement from the epidural steroid injection series.
9. On 07/02/07 visual analog scale pain was 6/10 to 7/10.
10. I reviewed an 08/21/07 note from Dr.
11. I reviewed an 11/28/07 report from Dr.
12. I reviewed a 01/28/08 report from Dr. who indicated that the examinee does have low back pain that travels down the posterolateral aspect of his leg (does not identify which leg). He indicated that involves the L4/L5 nerve root distribution.
13. I reviewed a report from Dr. dated 02/19/08.

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

This gentleman reportedly injured his lower back when lifting a toolbox at work. He underwent an MRI scan showing some degenerative facet joint changes but no compressive disc pathology. He went on to have a series of at least three lumbar epidural steroid injections with fluoroscopy, but his visual analog pain scale appears to have increased. There was notation of a 30% improvement in his overall pain level at one point following the injections. His clinical examination never did identify a focal neurologic deficit by way of reflex changes, sensory changes, atrophy, or weakness. There were some comments of pain into the lower extremities, but this was never very accurately reflected as to the exact location of the symptomatology into which leg or whether it was both legs.

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

This male has chronic low back pain with what would appear to be some referred pain into the legs, felt to be discogenic by his treating physician. He did not have a satisfactory response to at least three lumbar epidural steroid injections. The ODG Guidelines call for a series of two injections. The series of three was initially begun when the steroid injections were performed without fluoroscopy, but when they are performed with fluoroscopy, and, therefore, the localization is confirmed, two injections are recommended, not three. Also, 50% to 70% improvement is required for continued epidural steroid injections. In this case, there has never been any documentation that this injured employee achieved that level of relief. It is, therefore, my opinion that this injured employee is not a candidate for repeat epidural steroid injections for the reasons noted above.

**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 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.)