



Southwestern Forensic Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 03/20/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Nerve root injection.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.O., Board Certified in Chiropractic, Physical Medicine and Rehabilitation, and 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 reviewed a report from Dr. dated 05/18/06 where he did not feel any injections were necessary, whether they be epidural, ganglion blocks, or trigger point injections. He did not feel the claimant was a candidate for a spinal cord stimulator or morphine pump.
- 2. I reviewed a report dated 05/01/07 from Dr. pain management. He indicated that the injured employee had two surgeries in his cervical spine and three in his lumbar spine. Apparently he had a three-level fusion from L3 to S1, and he also had a 360-degree anterior and posterior lumbar fusion.
- 3. On 01/14/08 Dr. indicated that the claimant was having lower back pain with radiculopathy and indicated that he wished to perform an injection, apparently a transforaminal nerve root injection at the left L3/L4, L4/L5, and L5/S1 levels and bilateral sacroiliac joint injections were necessary.
- 4. I reviewed a report from Dr. dated 01/21/08.

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

This is a man who was involved in a work-related injury with subsequent surgeries on his cervical and lumbar spine. He has been diagnosed with a post laminectomy syndrome. There are no current physical examination findings or recent imaging or electrodiagnostic studies available for review, if such exists. The request for left L4/L5 and L5/S1 transforaminal epidural steroid injections is not supported.

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

The ODG Guidelines are quite clear as to the criteria for steroid injections. There is no recent objective evidence of radiculopathy. There is no recent diagnostic evidence of pathology such as MRI scan, EMG study, x-rays, or even physical examination. There is no history of prior injections, or if there were prior injections, what the response to those injections may have been. Lacking this information, I am unable to recommend pursuing left L4/L5 and L5/S1 transforaminal nerve root injections.

**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.)