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Notice of Independent Review Decision

DATE OF REVIEW: May 27, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left L4 and left L5 transforaminal epidural steroid injection

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

Diplomate, American Board of Anesthesiology; Diplomate, American Academy of 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

Medical records from the Requestor/Provider include:

- Diagnostic Radiology, 12/28/07, 01/09/08,

- M.D., 04/01/08,

Medical records from the URA include:

- Official Disability Guidelines, 2007
- Diagnostic Radiology, 12/28/07, 01/09/08
- M.D., 01/1/608, 02/28/08, 04/01/08
- Services Corporation, 01/23/08, 04/29/08

PATIENT CLINICAL HISTORY:

This is a female who was involved in a work related injury involving the lumbar spine secondary to a trip and fall type mechanism.

From the submitted followup note by the requesting provider of January 16, 2008, the patient is complaining of right-sided low back pain that radiates to the right buttock, right hip, and tailbone. The patient characterized her pain as constant, severe, and sharp. The clinical examination revealed limited range of motion with extension, flexion, and lateral bending maneuvers. Her sensation in the lower extremity was normal. The deep tendon reflexes in the lower extremity were normal. The motor strength in the lower extremity was normal. The patient had a positive Kemp test on the right. The straight leg raise was positive on the right. The slump test was positive on the right. The Gaenslen's sign was negative bilaterally.

A lumbar MRI performed on January 9, 2008 revealed disc desiccation at the L3-4 through L5-S1 levels, mild right disc bulge at the L3-4 level with stenosis of the right lateral recess, left lateral disc bulge at L4-5 with facet disease causing stenosis on the left lateral recess and minimal stenosis of the left neural foramina, central disc bulge at the L5-S1 level along with facet disease causing stenosis at the left neural foramina with loss of fat around the exiting nerve root. There was no evidence of significant spinal stenosis at any level.

Of note, during this time period, the patient did not have any type of physical therapy or treatment performed.

From the submitted followup note of February 28, 2008, it appears the patient underwent a right L5 and right S1 transforaminal epidural steroid injection with resolution of her right lumbar, buttock, and hip pain.

The patient is now complaining of left leg pain. The patient rates her pain score on a visual analog scale as 5. The medication management has decreased from Percocet down to Norco 10 mg. The clinical examination now reveals a change to include a slump test that is positive on the left and a straight leg raise that is now positive on the left.

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

After a review of the information submitted, the previous non-authorization for a left L4 and left L5 transforaminal epidural steroid injection with epidurogram is upheld. It appears from the followup notes submitted that this patient has non-correlating physical examinations which appear to change after an interventional pain management injection. In addition, it appears that there is no documentation of postinjection or active-based physical therapy documented following the first injection.

As stated above, it appears now that the requesting provider wants to perform a procedure related to the patient's subjective complaints opposite from the previous site of injection (initial examination findings). Therefore, in accordance with ODG Guidelines, the recommendation is to uphold the previous adverse determination.

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)**