



## IMED, INC.

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### Notice of Independent Review Decision

**DATE OF REVIEW:** 05/23/08

**IRO CASE #:**

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

Item in dispute: Lumbar epidural steroid injection at L5-S1

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

Board Certified in Pain Management  
Board Certified in Anesthesiology  
Board Certified in Physical Medicine & Rehabilitation

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Denial Overturned – One (1) epidural steroid injection would be reasonable and necessary.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. 03/14/08 – M.D.
2. 04/12/08, 04/15/08 – M.D.
3. 04/28/08 thru 05/06/08 –Company.
4. 04/29/08 – Reconsideration denial Company.
5. ***Official Disability Guidelines.***

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The information provided indicates the employee has a previous history of back problems with an injury date of xx/xx/xx. The employee has chronic low back pain and left leg radiculopathy.

MRI studies indicate a disc protrusion to the right at L5-S1, as well as L2-L3.

Records from Dr. on 04/15/08 indicate that the employee had previous back problems treated with epidural steroid injections in the past, and then sustained an injury in xx/xx falling backwards with worsening back pain and left leg extremity pain with numbness in the foot. The impression was lumbar spondylosis without myelopathy and lumbar intervertebral disc displacement, as well as stenosis and radicular pain. The employee was prescribed Neurontin, and the recommendation was for a L5-S1 epidural steroid injection.

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

There was no information of any treatments that were attempted prior to referring the employee for epidural steroid injections. Given the documentation provided with objective evidence of abnormalities based on MRI and clinical examination provided by Dr., the employee does have radicular referred pain with very minimal evidence of radiculopathy. One L5-S1 epidural steroid injection would be reasonable and supported as medically necessary within the guidelines for the compensable injury of 08/04/07. A single epidural steroid injection would seem to be reasonable and supported by ***Official Disability Guidelines***.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

1. ***Official Disability Guidelines***