



**DATE OF REVIEW:** 10/19/08

**IRO CASE #:**

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

Epidural steroid injections.

**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. This is the case of an injured employee with a date of injury of xx/xx/xx.
2. I reviewed a review of 07/28/08 . Reference was made to the last epidural steroid injection being in 2002 and that he has a morphine pump. Reference is also made to the injured employee undergoing an L2 to L4 laminectomy with fusion and subsequent removal of instrumentation and fusion at L2/L3 (year not noted). There was reference made to a lumbar spine MRI scan report from Radiology Associates on 06/11/08, which showed significant artifact from approximately L2 down to L5/S1 secondary to a left L2 and left L3 pedicle screw and posterior bar and morphine; at L1/L2, broad-based disc bulge producing moderate to severe right intervertebral neural foraminal stenosis with moderate intervertebral neural foraminal stenosis with mild to moderate segmental spinal canal stenosis; L2/L3, focal fatty marrow replacement seen at T11 vertebral body, grade 1 anterolisthesis at L5/S1.
3. I reviewed a report from 07/09/08 from Pain Management indicating the injured employee was having lower back and bilateral leg pain in a nondermatomal pattern rated 8/10. He was taking Norco, Lyrica, Lantus insulin, and antihypertensive medication. There was slight weakness in the distal lower extremities and decreased sensation in the bilateral L5/S1 dermatomes with positive straight leg raising for back pain bilaterally

without notation of radiculopathy associated with that maneuver. The report was authored by P.A.-C. and Dr.

4. On 07/09/08 he had a refill of his morphine pump with Dilaudid 20 mg/ml, bupivacaine 2.5 mg, Clonidine 500 mcg/ml and 40 ml PF syringe.

5. In his letter of 09/05/08, Dr. indicated that the previous epidural steroid injection gave him relief for eight to ten weeks, even though it had been years since his last injection.

6. I reviewed a radiology report from 06/11/08, which reads, "Degenerative disc disease, spondylosis deformans, and bilateral facet arthropathy with posterior fusion with bone grafting and left L2/L3 pedicle screws with posterior fusion and bone grafting and laminectomies at L2, L3, L4, and L5; grade 1-2 anterolisthesis of L2/L3." This was signed by Dr.

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

There is no clinical history as to exactly how this injured employee was injured. However, it appears the injury took place on xx/xx/xx and involved his lower back. He went on to have multiple therapeutic interventions including multiple surgeries and insertion of an intrathecal pump. He is still using medication via the pump as detailed above. He had an epidural steroid injection in 2002, which according to Dr. provided him with 50% to 75% relief for at least eight to ten weeks, although I do not have any notes contemporary with the administration of that injection.

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

The injured employee is a diabetic, and there was some question about whether his symptoms in the legs could be a diabetic neuropathy as opposed to a lumbosacral radiculopathy. This is a valid point, since the straight leg raising caused pain in the back but did not appear to cause radicular symptoms. The injured employee, however, has symptomatology that comports more with an L5/S1 dermatomal distribution as opposed to a "glove and stocking" type distribution typically seen in a diabetic neuropathy condition. Hemoglobin A1c is irrelevant to the presentation or lack of presentation of a neuropathy in a diabetic. Those with well-controlled blood sugars can certainly still develop a neuropathy and vice versa. This gentleman has very little by way of options left for managing his symptomatology since he has already had multiple surgeries and has a morphine pump. Based on the clinical presentation described by Dr. in his most recent note, the veracity of the comment that he had some 50% to 70% improvement following his epidural steroid injection in 2002, I would agree with a single caudal epidural steroid injection at this time. The benefit or lack thereof will assist in a diagnostic fashion as well as hopefully therapeutically. If there is no significant benefit from the injection, it is likely not going to be beneficial to repeat that in the future.

In as much as this individual appears to have a chronic bilateral lumbosacral radiculopathy, has had multiple surgeries, and a morphine pump, he has very few therapeutic options available to him. I would agree with a caudal epidural steroid injection at this time to see if any additional pain relief can be attained. Reference is made to the possibility that he has diabetic neuropathy. However, this is not a classic

glove-and-stocking type distribution. The presence or lack of presence of a diabetic neuropathy can occur in a well-controlled diabetic as well as one not well controlled.

**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.)