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## Notice of Independent Review Decision

**DATE OF REVIEW:** 10/20/08

**IRO CASE #:**

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

Caudal epidural steroid injection to the lumbar spine with epidurogram

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

Board Certified in Occupational Medicine

### **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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Caudal epidural steroid injection to the lumbar spine with epidurogram - Upheld

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Employer's First Report of Injury or Illness
- Initial Medical Report, 07/31/97
- Electromyogram Report, M.D., 08/11/97

- Examination Evaluation, M.D., Ph.D., 10/07/97
- DWC-69, Dr. 10/07/97
- MRI Report, M.D., 10/24/97
- Examination Evaluation, M.D., 10/31/97
- DWC-69, Dr. 12/07/97
- MRI of the lumbar spine, M.D., Regional Medical Center, 12/18/97
- Chest PA and lateral exam, M.D., 12/18/97
- Lumbar myelogram, Dr. 12/19/97
- CT scan of the lumbar spine post myelogram, Dr. 12/19/97
- Operative Report, Left L4-5 diskectomy, laminotomy and micro diskectomy, M.D., 01/20/98
- Specific and Subsequent Medical Report, Dr. 02/03/98
- Examination Evaluation, M.D., 04/13/98
- Initial Evaluation, Unknown Provider, Rehabilitation Systems, 04/27/98
- Specific and Subsequent Medical Report, M.D., 06/19/98, 02/22/99
- MRI of the lumbar spine without and with contrast, M.D., 06/30/98
- Emergency Department Record, Regional Hospital, xx/xx/xx
- Lumbar spine MRI, Dr. 11/25/98
- Examination Evaluation, Dr. 12/08/98
- Examination Evaluation, M.D., Regional Hospital, 03/04/99
- Independent Medical Evaluation, M.D., Orthopaedic Associates 04/09/99
- MRI of the lumbar spine, M.D., 04/12/99
- Neurosurgical Evaluation, M.D., 06/03/99
- Letter from M.D. to Dr. 12/7/99
- D.E.C. Disability Evaluation, Unknown Provider, Unknown Facility, 12/07/99
- Operative Report, Left Piriformis Injection/Fluoroscopic Needle Placement, M.D., 03/29/01
- Examination Evaluation, Dr. 04/17/01
- Lumbar spine myelogram, M.D., 05/03/01
- CT of the lumbar spine post myelogram, Dr. 05/03/01
- Examination Evaluation, M.D., 12/05/01, 01/13/06, 02/15/06, 03/07/06, 04/07/06, 05/04/06, 06/05/06, 06/16/06, 07/11/06, 07/31/06, 08/02/06, 08/09/06, 08/25/06, 09/12/06, 10/31/06, 07/10/08
- Letter from M.D. to RN at Healthcare Resources, 10/15/01
- Bilateral mammogram, M.D.,
- Lumbar myelogram, M.D., 04/15/02
- CT of the lumbar spine with contrast, Dr. 04/15/02
- Initial Psychological Evaluation, Unknown Provider, Psychological Clinic, 05/15/02
- CT of the lumbar spine without contrast, Dr. 05/24/02
- History and Physical, Medical Center, 05/24/02
- Examination Evaluation, Unknown Provider, Disability Evaluating Center 06/25/02
- Operative Report, Dr. 07/25/02

- 2-3 views of the lumbar spine, Dr. Radiology Associates, 09/06/02
- CT of the lumbar spine without contrast, M.D., 10/07/02
- 2-3 views of the lumbar spine, M.D., Radiology Associates, 12/26/02
- Examination Evaluation, M.D., 02/11/03
- Functional Capacity Evaluation, 03/10/03
- MRI of the lumbar spine without contrast, Dr. 09/05/03
- Patient Registration Form, Hospital, 06/10/05
- DWC-73, D.O., 06/22/05, 08/22/05, 09/30/05, 12/05/05, 01/12/06, 03/15/06
- Examination Evaluation, D.O., 06/22/05, 08/22/05, 09/30/05, 12/05/05, 01/12/06, 03/15/06
- Dispute Resolution Denial, Texas Workers' Compensation Commission, 07/05/05
- Partially Medically Necessary Determination, 07/22/05
- PRME Opinion Response Form, 07/27/05
- Required Medical Evaluation, M.D., 07/27/05
- Examination Evaluation, M.D., 08/11/05
- CT of the lumbar spine with contrast, M.D., 09/13/05
- Electromyogram and Nerve Conduction Report, M.D., 04/12/06
- Designated Doctor Evaluation, Dr. 04/24/06
- Medical Interlocutory Order, 05/01/06
- Operative Report, Dr. 06/15/06, 07/20/06
- Operative Report, Dr. 07/20/06, 08/16/06
- Adverse Determination, 10/10/07, 07/03/08, 07/08/08, 07/28/08
- Telephone Note, Dr. 07/28/08
- Medical Dispute Resolution, Dr. 08/08/08
- Letter from Arkansas Claims Management to Dr. 08/21/08
- Notice of Case Assignment, 09/29/08
- Independent Review Organization Summary, 10/01/08
- The ODG Guidelines were not provided by the carrier or the URA.

**PATIENT CLINICAL HISTORY (SUMMARY):**

The patient injured her lower leg and calf on xx/xx/xx. She has undergone multiple examinations and MRI's, an EMG, as well as a Required Medical Evaluation (RME) and a Designated Doctor Evaluation (DDE). Her most recent medications were noted to be Gemfibrozil, Lexapro, Lisinopril, Allegra, Clonidine, Duragesic, and Lyrica.

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

An epidural steroid injection with epidurogram would not be reasonable or necessary. In order to qualify for an epidural, the Official Disability Guidelines (ODG) states that radiculopathy must be documented. There must be objective findings on examination. The ODG suggests for unequivocal evidence of radiculopathy that the *AMA Guides* can be referenced. The clinical record in this case does make reference to what appears to be a chronic radiculopathy. As such, she would appear to meet the criteria as radiculopathy

is reportedly present. However, in this case the patient has had prior epidural treatments that have failed to provide any substantial benefit. The patient has undergone several surgeries and has even now had the placement of an intrathecal opioid delivery system. In Dr. 's responses to justify further epidurals, he indicated that under the ODG, individuals are allowed anywhere from 3 to 5 therapeutic injections over a one year period of time. However, such additional injections are predicated on the previous ones yielding substantial benefit. The ODG specifically states that repeat injections should be based on continued, objective documented pain relief, decreased need for pain medication and functional response. The ODG further states that additional injections would require that the previous produced at least 50% to 70% pain relief for 6-8 weeks. The prior injection in this case failed to provide any substantial benefit. Once again I would point to the fact that there must not be just subjective reports that the injections helped, but rather objective evidence which includes decreased medication and increased function. Because of the failure of previous treatment, the patient, as already noted, has had the placement of an intrathecal opioid delivery system. It would be improbable at this point that the epidurals would provide any substantial benefit viewing the fact that an implantable opioid medication delivery system has also failed to deliver substantial benefit. This patient does not meet the ODG criteria for further administration of epidurals. As such, I would uphold the prior denial of the requested services.

**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)**