

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
12001 NORTH CENTRAL EXPRESSWAY
SUITE 800
DALLAS, TEXAS 75243
(214) 750-6110
FAX (214) 750-5825

Notice of Independent Review Decision

DATE OF REVIEW: September 2, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar epidural steroid injection, L5-S1

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

Neurosurgery – Board Certified

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

TRANSCRIPTION WILL LIST MEDICAL RECORDS HERE WITH SPECIFIC DATES

Medical records from the Carrier/URA include:

- Official Disability Guidelines, 2008
- Employer's First Report of Injury or Illness
- Clinic, xx/xx/xx, 06/11/08, 06/19/08, 07/02/08, 07/03/08, 07/15/08 07/16/08, 07/17/08, 07/22/08, 07/23/08
- Clinic, Radiology Department, xx/xx/xx, 06/19/08, 06/21/08
- Orthopaedic Center, 07/02/08, 08/13/08, 07/10/08, 07/24/08, 07/29/08, 07/30/08, 08/04/08, 08/06/08, 08/11/08, 08/13/08
- M.D, 07/02/08
- DWC-6 form, 07/05/08
- DWC form PLN-11, 07/11/08, 08/06/08
- Direct, 07/23/08, 08/06/08
- Associate Statement by , xx/xx/xx

Medical records from the Provider include:

- Clinic, Radiology Department, 06/21/08
- Orthopaedic Center, 07/02/08, 07/10/08, 07/16/08, 07/17/08, 07/22/08, 07/23/08, 07/24/08, 07/29/08, 07/30/08, 08/04/08, 08/11/08, 08/13/08, 08/19/08, 08/20/08, 08/21/08, 08/25/08

PATIENT CLINICAL HISTORY:

This is a xx-year-old female who sustained a work-related injury, causing her back and bilateral leg pain, with subsequent MR that reveals an annular tear and disc protrusion at L5-S1 and positive EMG/nerve conduction study and persistent pain after extended physical therapy.

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

The treating physician has recommended lumbar epidural steroid injections, which was denied in a peer review. I disagree with this finding. The patient has a bona fide lumbar radicular syndrome, and certainly, according to ODG, a lumbar epidural steroid injection is perfectly acceptable and meets the criteria with lumbar radicular pain and a lumbar disc syndrome. Therefore, in my opinion, a lumbar epidural steroid injection, L5-S1 would be reasonable and medically necessary.

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)**