

## Notice of Independent Review Decision

DATE OF REVIEW: 09/19/08

IRO CASE #:

### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar epidural steroid injection with fluoroscopy

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

The TMF physician reviewer is a board certified neurosurgeon with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

### 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.

It is determined that the lumbar epidural steroid injection with fluoroscopy is not medically necessary to treat this patient's condition.

### INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for obtaining a review by an IRO – 09/11/08
- Letter of determination from – 08/01/08, 08/21/08
- Letter to TMF from – 09/16/08
- List of notes from – 08/23/07, 05/19/08, 08/11/08
- Treatment History with CPT codes – 12/18/02 to 08/11/08

- ODG Integrated Treatment/Disability Duration Guidelines – Low Back – Lumbar & Thoracic (Acute & Chronic)
- Report of x-ray of the lumbar spine – 03/12/03, 04/07/03,06/26/03, 08/26/03,12/01/03, 08/23/07
- Letters from Dr. to Dr. with office notes – 03/06/03 to 10/09/06
- Operative Report for Steroid Injections by Dr. – 05/30/06
- Operative Report for right carpal tunnel release by Dr. – 09/30/05
- History and Physical by Dr. – 03/12/03, 09/30/05
- Operative Report for lumbar myelogram by Dr. – 04/23/04
- Report of the CT scan of the lumbar spine – 04/23/04
- Report of MRI of the lumbar spine 03/30/04
- Discharge Summary from – 03/14/03
- Operative Report for decompressive laminectomy etc. by Dr. – 03/12/03

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient sustained a work related injury on xx/xx/xx when he was lifting some windows and exacerbated his history of chronic low back pain radiating into his legs. Radiological examinations have revealed degenerative changes as well as disk bulging at L3-4 and L4-5. The patient has undergone surgeries including a decompression laminectomy with fusion and carpal tunnel release. He has also been treated with epidural steroid injections. The treating physician is recommending that the patient undergo lumbar epidural steroid injection with fluoroscopy.

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

The medical record documentation does not substantiate the medical indication for epidural steroid injection. The two most recent notes indicate “a lumbar epidural steroid injection can be done if he has an exacerbation” (05/19/08) and the patient has been having “increasing pain in the low back secondary to post-traumatic pathology at L4-5 and L3-4” (08/11/08). There is no physical examination evidence of radiculitis such as SLR, etc.

**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)