**SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.**
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Notice of Independent Review Decision

**DATE OF REVIEW:** September 23, 2008

**IRO CASE #:**

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

Lumbar epidural steroid injection, transforaminal, at right L5 to include CPT code 64483

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

Diplomate, American Board of Anesthesiology; Diplomate, American Academy of Pain Management

**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**

Medical records from the URA include:

- Official Disability Guidelines, 2008

- D.O., 07/14/08, 07/28/08
- Pain Management Center, 07/14/08, 0715/08, 07/31/08
- 07/24/08
- Solutions, 07/24/08, 08/06/08

Medical records from the Provider include:

- D.O., 07/14/08, 07/28/08, 08/11/08

**PATIENT CLINICAL HISTORY:**

The description of services in dispute is denial for a right L5 lumbar transforaminal epidural steroid injection.

This is a XX-year-old male who sustained a work-related injury on XX/XX/XX, involving the lumbar spine secondary to a lifting-type mechanism. Subsequent to the injury, the patient eventually underwent a lumbar fusion that was performed on February 28, 2007. This patient had a progressive onset of low back and right leg pain. The medication management consists of Lyrica 75 mg two times a day and Norco 10/325 mg one q.6h. These medications relieve the patient's pain approximately 50%.

The clinical examination submitted on the followup note of August 11, 2008 revealed range of motion decreased in flexion, extension, and lateral flexion. Neurologically, there was decreased sensation to the right L5 dermatome distribution. The motor strength was decreased in dorsiflexion of the right ankle/extensor hallucis longus. The reflex of the lower extremities with knee/ankle jerk was 1+/4.

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

After a review of the information submitted, the recent denial for a right L5 transforaminal epidural steroid injection has been overturned. There has been recent available, relevant clinical information in support of this, particularly information regarding the presence of significant objective radiculopathy exists on the notes submitted as stated above, and the patient appears to have symptoms indicative of radiculopathy. The followup note submitted did provide information regarding the absence of sensory/motor/reflex deficits in the lower extremity.

Therefore, in accordance with ODG, the recommendation is to proceed with a right L5 transforaminal epidural steroid injection. The guidelines references used are the Official Disability Guidelines, Treatment Index, 5th Edition, 2008 (Webb), under Low Back – Epidural Injections.

**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)**