



**DATE OF REVIEW:** 09/18/08

**IRO CASE #:**

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

Epidural steroid injection.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in practice of Pain Management full time.

**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)

There is medical necessity demonstrated for an epidural steroid injection.

**INFORMATION PROVIDED FOR REVIEW:**

Medical records from Dr., denial information, and MMI reports.

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

This injured worker had back and leg pain that was inactive after epidural steroid injections until the fall of xxxx. The pain has worsened, and repeat MRI scan was obtained.

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

The ODG Guidelines state that there should be documentation of radiculopathy, the patient is initially unresponsive to conservative treatment, injection should be performed using fluoroscopy, and success should be obtained from ESI to warrant repeating the procedure.

All of these guidelines have been met. The documentation of radiculopathy is in question. The MRI scan shows foraminal encroachment with a disc protrusion at L4/L5, which is compatible with radiculopathy. Physical examination reveals positive retention sign along with subjective decreased sensation. These are soft signs that are compatible with and may represent radiculopathy. Previous epidural steroid injections have been successful in relieving the patient's pain long term. There is adequate evidence to support the diagnosis of radiculopathy. Therefore, the ODG criteria have been met.

**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.)