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Notice of Independent Review Decision

DATE OF REVIEW: August 13, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient left L5-S1 epidural steroid injection with fluoroscopy

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

American Board of Neurological Surgery

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 Carrier include:

- Employer's First Report of Injury or Illness, xx/xx/xx
- 06/16/09, 07/07/09

- D.O., 05/28/08, 07/14/08, 09/17/08
- Imaging Center, 06/02/08
- M.D., P.A., 07/22/08, 09/08/08
- M.D., F.A.C.S., 09/22/08, 10/06/08, 10/15/08
- Hospital, 10/01/08, 10/29/08, 10/31/08
- Medical Center, 10/29/08, 10/15/08

Medical records from the URA include:

- Official Disability Guidelines, 2008
- D.O., 05/18/08, 07/14/08
- Imaging Center, 06/02/08
- M.D., F.A.C.S., 09/22/08, 10/06/08, 10/15/08, 11/24/08, 02/02/09, 04/06/09, 06/08/09, 06/10/09, 06/25/09
- Hospital, 10/01/08, 10/29/08, 02/02/09
- Hospital, 11/24/08
- 06/16/09, 07/07/09

Medical records from the Requestor/Provider include:

- Imaging Center, 06/02/08
- M.D., F.A.C.S., 09/22/08, 10/06/08, 10/15/08, 11/24/08, 02/02/09, 04/06/09, 06/18/09, 06/25/09
- Hospital, 10/01/08, 10/31/08

PATIENT CLINICAL HISTORY:

The patient is a male who reportedly was spraying weeds on xx/xx/xx, while on his job. He slipped and jerked back, however, did not fall. He developed left hip, buttock, and left lower extremity pain.

The patient saw D.O., in May of 2008 with complaints of left lower extremity pain. Dr. did not note any neurological deficit.

In June of 2008, the patient underwent a lumbar MRI. In October 2008, he underwent a myelogram and CT scan. These studies revealed multilevel bilateral recess stenosis and canal stenosis.

In July of 2008, the patient underwent epidural steroids injections without significant relief.

On September 22, 2008, the patient saw M.D. At that time, the patient had complaints of left lower extremity pain and had undergone facet injections and epidural steroid injections without benefit. Dr. noted "some weakness" in the plantar and dorsiflexors of the left foot. He also noted decreased sensation along the distal lateral aspect of the left lower extremity.

On October 29, 2008, Dr. performed a laminectomy and bilateral foraminotomies from L1 through S1, along with a fusion from L1 through S1.

Postoperatively, Dr. noted on November 24, 2008 that the patient had no hip or leg pain.

On February 2, 2009, Dr. noted that the patient complained of residual left lower extremity discomfort and had finished a course of physical therapy. X-rays in February of 2009 revealed surgical changes.

On April 6, 2009, Dr. noted that the patient had no hip or leg pain and only mild low back pain.

Dr. noted on June 8, 2009 that the patient was working full time and had left hip and buttock pain and good strength. He recommended an epidural steroid injection to "reduce inflammation."

On June 25, 2009, Dr. indicated that the patient complained of left lower extremity radicular pain in the L5 dermatomal distribution, and that the patient had "a little weakness" in the left foot and great toe dorsiflexors.

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

Dr. is recommending a left L5-S1 epidural steroid injection. Based on the ODG, page 630, epidural steroid injections are recommended for short-term treatment of radicular pain if there are corroborative findings of a radiculopathy. In this case, there are no corroborative findings of a radiculopathy. According to Dr. the patient had weakness preoperatively. It does not appear that there is any change in the motor or sensory examinations of the patient. In addition, based on the ODG, page 630, radiculopathy is usually due to a herniated disc or spinal stenosis. The patient here is postop and theoretically has been decompressed.

Furthermore, based on the ODG, epidural steroid injections are not indicated for chronic pain. Although this patient had a brief period of improvement after the surgery, he has had left lower extremity pain for greater than twenty-four months, and the success rates

decrease significantly in patients with pain complaints greater than twenty-four months. In addition, factors that decrease success include prior back surgery. Therefore, the denial for the outpatient left L5-S1 epidural steroid injection with fluoroscopy is upheld.

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)

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**OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**