



## IMED, INC.

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### Notice of Independent Review Decision

**DATE OF REVIEW:** 12/11/09

**IRO CASE NO.:**

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

Item in dispute: bilateral Transforaminal Epidural Steroid Injections at the level of L2-L3

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

Texas Board Certified Physical Medicine & Rehabilitation Physician

**REVIEW OUTCOME**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Documentation from Dr., 02/24/09, 03/25/09, 04/22/09
2. Lumbar spine MRI report, 04/13/09
3. Documentation from Dr. 05/15/09, 10/30/09
4. Peer review from Dr. 06/17/09
5. Electrodiagnostic assessment report, 11/12/09
6. **Official Disability Guidelines**

**PATIENT CLINICAL HISTORY (SUMMARY):**

On xx/xx/xx, the employee was walking on some railroad tracks when he twisted his left ankle.

The employee was evaluated by Dr. on xx/xx/xx. On that date, left ankle x-rays revealed evidence for an avulsion type fracture of the tip of the lateral malleolus. The

employee was diagnosed with a left ankle lateral malleolus fracture with a deltoid ligament injury. It was recommended the employee be on a weight bearing as tolerated status on the left lower extremity.

Dr. reassessed the employee on 03/25/09. On this date, it was noted the employee had symptoms of pain in the left thigh region. It was recommended that a lumbar MRI be accomplished.

A lumbar MRI was obtained on 04/13/09. This study disclosed findings consistent with a posterior disc herniation at the L5-S1 level that abutted the left S1 nerve root sleeve. There was also evidence for a lateral disc herniation to the left at the L2-L3 and L4-L5 disc levels.

Dr. evaluated the employee on 04/22/09. On this date, the employee had symptoms of pain in the left anterior thigh region. The employee was provided a prescription for a Medrol Dosepak and Mobic.

The employee was evaluated by Dr. on 05/15/09. On that date, it was noted the employee had symptoms of low back pain. There were also symptoms of pain in the left anterior thigh region. It was recommended the employee receive treatment in the form of physical therapy. It was also recommended the employee receive treatment in the form of an injection of the left lateral femoral cutaneous nerve.

Dr. reassessed the employee on 10/30/09. It was recommended the employee receive access to treatment in the form of physical therapy services. The employee was noted to have symptoms of pain in the left thigh region.

It would appear the employee received at least three sessions of supervised therapy services from 11/06/09 through 11/20/09.

An electrodiagnostic assessment of the left lower extremity was obtained on 11/12/09. This study disclosed findings consistent with mild left L2 and L3 radiculopathy.

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

Based upon the medical records currently available for review, as per criteria set forth by ***Official Disability Guidelines***, there would not appear to be a medical necessity for treatment in the form of a bilateral epidural steroid injection to the L2-L3 level. The above noted reference would not support the medical necessity for treatment in the form of a bilateral L2-L3 epidural steroid injection when there were no documented symptoms of pain referable to the right lower extremity and when there was no documentation to indicate that there is an objective diagnostic study that disclosed the findings consistent with pathology that would be responsible for a right sided lumbar radiculopathy.

Consequently, per criteria set forth by the above noted reference, medical necessity for treatment in the form of a bilateral L2-L3 lumbar epidural steroid injection would not appear to be established at the present time.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER  
CLINICAL BASIS USED TO MAKE THE DECISION**

**1. Official Disability Guidelines**