

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

DATE OF REVIEW: February 11, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar epidural steroid injection at L5-S1 to include CPT codes 77003 and 62311.

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

Diplomate, American Board of Orthopedic 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/URA include:

- Official Disability Guidelines, 2008

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- Texas Workers' Compensation Work Status Report, 10/01/08, 10/03/08, 10/24/08, 11/14/08, 12/12/08, 12/17/08, 01/22/09
- Medical Center, 03/25/08
- Pain & Recovery Clinic 10/03/08, 10/07/08, 10/10/08, 10/14/08, 10/16/08, 10/17/08, 10/21/08, 10/23/08, 10/24/08, 10/28/08, 10/31/08, 11/04/08, 11/12/08, 11/14/08, 11/19/08, 11/22/08, 11/25/08, 11/26/08, 12/02/08, 12/04/08, 12/05/08, 12/09/08, 12/11/08, 12/12/08, 12/15/08, 12/17/08, 12/18/08, 12/22/08, 01/05/09, 01/07/09, 01/08/09
- M.D., 10/03/08, 11/14/08, 12/17/08
- Notice of Representation of Withdrawal of Representation, 10/14/08
- J.D., 10/24/08
- Orthopedics, 10/24/08, 12/12/08, 12/18/08, 01/22/09
- 10/29/08, 11/05/08, 11/14/08, 11/19/08, 11/26/08, 12/12/08
- Imaging Center, 11/06/08
- Diagnostic Services, no date, 01/22/09
- Diagnostics, 12/12/08
- 12/23/08, 01/29/09
- Therapy & Diagnostics, 01/22/09

Medical records from the Requestor/Provider include:

- Medical Center, 09/25/08
- Orthopaedic Center, P.A., 10/01/08
- M.D., 10/03/08
- Orthopedics, 10/24/08, 12/12/08, 01/22/09
- Imaging Center, 11/06/08
- Diagnostics, 12/12/08
- Dr. 12/18/08
- 12/23/08, 01/29/09
- Therapy & Diagnostics, 01/22/09

PATIENT CLINICAL HISTORY:

The request is for a lumbar epidural steroid injection by M.D.

The patient is a female who was struck by a forklift on her left hip and then ran over her right foot on xx/xx/xx. She complained of left-sided low back pain, left hip pain, and right foot pain.

M.D. performed an evaluation on October 3, 2008, approximately xxx week after the injury, at which time he documented normal reflexes, normal sensory examination, normal motor examination, and a negative bilateral straight leg raise.

The patient was referred to Dr. on October 24, 2008, who documented only diminished sensation in the right first toe, which could have been due to the crush injury to the right foot which caused a metatarsal fracture. His impression was lumbar strain with no documentation of reflex changes, sensory changes, and no documentation of a positive straight leg raise.

However, after the MRI was performed, Dr. on December 12, 2008, documented radicular pain into her right leg and calf with occasional numbness in the right foot. At this time, he found a positive straight leg raise with reproducible right leg pain and found diminished sensation along the right S1 distribution. However, he did not document reflex changes or motor deficits. Nonetheless, his impression now included a protrusion at L5-S1 with S1 radiculopathy, although there was no documentation of objective signs of radiculopathy other than the positive straight leg raise which to a large degree is colored by subjective findings.

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

The Official Disability Guidelines, Back Chapter, 2008, does not support a lumbar epidural steroid injection unless there are true objective signs of radiculopathy as noted in the AMA Guides, such as loss of relevant reflexes and/or 2 cm atrophy of the ipsilateral involved extremity measured 10 cm above the knee or below the knee. There are also no quality scientific studies that reveal lumbar epidural steroid injections are functionally efficacious long term (ODG, 2008, and ACOEM, Chapter 12, 2004). The ODG also states that the patient must not be progressing in a rehabilitation program and unresponsive to non-steroidal anti-inflammatory drugs and relaxers. The patient is getting Motrin and is progressing in rehabilitation per documentation by D.C., on January 5, 2009.

Therefore, based on the above rationale and peer reviewed guidelines, the request for a lumbar epidural steroid injection is noncertified.

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)**