



DATE OF REVIEW: 06/25/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Transforaminal epidural steroid injection and selective nerve root injection at L4/L5.

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 since the early 90's

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)

INFORMATION PROVIDED FOR REVIEW:

1. TDI Referral
2. MD, office notes, 10/24/08 to 5/20/09
3. MD, office notes, 3/27/09 to 5/20/09
4. DC, office notes and FCE's, 11/20/08 to 3/26/08
5. Medical, MRI cervical, 10/24/08
6. Medical, MRI Lumbar, 3/16/09
7. PT, office notes, 10/24/08 to 3/5/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This individual sustained a neck and low back injury five months ago. MRI scan shows a herniated disc with no definite nerve impingement. There is back and leg pain with no clear evidence of radiculopathy.

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

The ODG Guidelines state that radiculopathy should be demonstrated prior to considering a lumbar epidural steroid injection. Radiculopathy has not been

demonstrated in this case. Therefore, the guidelines have not been met for a lumbar epidural steroid injection/selective nerve root injection. The medical necessity has not been demonstrated for a lumbar epidural steroid injection.

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.)