

SENT VIA EMAIL OR FAX ON  
Mar/04/2009

## IRO Express Inc.

An Independent Review Organization

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Mar/03/2009

**IRO CASE #:**

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

L4/5 intralaminar ESI with fluoroscopy X 1

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

Board Certified Orthopedic Surgeon

**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**

OD Guidelines

MRI, Lumbar 04/29/08

Referral Form 08/26/08

Office notes Dr. 08/28/08, 09/18/08, 12/04/08, 01/15/09, 02/19/09

RME with Dr. 10/15/08

Office note Dr. 10/20/08, 01/16/09

Request 11/20/08

Review, Dr. Anesthesiology 11/25/08

Review: Dr. Anesthesiology 01/28/09

Letter, Attorney 02/16/09

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who reported a low back injury on xx/xx/xx after pushing and pulling carts of clothing all day. He reportedly treated with physical therapy, medications and chiropractic management without significant relief. Lumbar MRI on 04/29/08 noted relative

narrowing of the thecal sac at L2-3 and L3-4 not felt to be significant yet; moderate to severe degenerative changes; L3-4 small left greater than right disc bulge that minimally displaced the thecal sac and contacted without displacing the left L3 nerve root; and L4-5 small broad based disc bulge that contacted but did not displace the thecal sac and did not contact the nerve roots. A request was made for electrodiagnostic studies on 08/26/08 without notation if these were done. On 08/28/08 radiographs noted mild degenerative changes and Dr. felt the MRI demonstrated slight displacement of the left L3-4 nerve root. Physical examination on 08/28/08 indicated lumbar tenderness, limited motion and intact strength, reflex and sensation findings. The claimant treated with Soma, Mobic, Darvocet, exercises and remained off work. The claimant underwent a required medical evaluation that reported the claimant was placed at maximum medical improvement with a zero percent impairment rating on 06/04/08. The evaluator also noted attendance in what appeared to be a work conditioning program; normal lumbar radiographs; and physical examination with negative straight leg raises and intact reflex, strength and sensation findings. The evaluator indicated no further treatment was needed. Dr. saw the claimant on 10/20/08 with notation the claimant smoked socially; had chronic pain syndrome; had low back and bilateral knee pain with lumbar flexion and extension; and had severe symptoms on flexion at L4-5. Recommendation was made for L4-5 transforaminal epidural steroid injection; transcutaneous electrical neurostimulator; Lyrica and Flector patches. The claimant was released to light duty work on 01/19/09 with a five pound push, pull, lift and carry limit. On 01/16/09 Dr. continued to recommend L4-5 epidural steroid injection with indication his examination findings on 10/20/08 demonstrated a radicular pattern at bilateral L4-5 with decreased sensation and positive straight leg raise; as well as documented disc bulges at L4-5 and L5-S1. On 02/19/09 Dr. noted the claimant had lumbar tenderness, mild guarding and pain with forward flexion. Recommendation was made for Mobic, Ketoprofen and an increased in push, pull, lift and carry to ten pounds with no repetitive activity. The L4-5 epidural steroid injection remains under question.

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

The requested L4-5 epidural steroid injection cannot be justified based on the information reviewed.

ODG guidelines require objective signs of radiculopathy. The records indicate that an EMG and nerve conduction study was planned in August of 2008. There is no indication the study was performed. Multiple clinical notes fail to document objective signs of radiculopathy.

The Reviewer agrees with previous reviewers that multiple practitioners have documented inconsistent findings. Nearly all treatment records document a normal neurological examination with no objective signs of radiculopathy.

No radiculopathy would be expected based on the MRI findings at the L4-5 level. Specifically, the radiologist notes only a small broad-based bulge at L4-5 with no contact or displacement of the nerve roots. The small disc bulge is specifically noted to be of "doubtful significance."

Epidural steroid injections, therefore, cannot be justified based on the lack of consistent documented objective radiculopathy or significant neural compressive pathology by imaging.

Official Disability Guidelines Treatment in Worker's Comp 2009 Updates; Low Back- Epidural Steroid Injections

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

ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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