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**DATE OF REVIEW:** May 6, 2009

**IRO CASE #:**

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

Caudal epidural steroid injection L4-5 to include CPT code #64483

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

Diplomate, American Board of Anesthesiology; Diplomate, American Academy of Pain Management

**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**

**PATIENT CLINICAL HISTORY:**

The description of services in dispute is caudal epidural steroid injections at the L4-5 level.

This is a female who sustained a work-related injury on xx-xx-xx, almost xx years ago, involving the lumbar spine. The mechanism of injury is secondary to a trip and fall.

Subsequent to this patient's injury, treatment has included a lumbar laminectomy and percutaneous discectomy at the L3-4 and L4-5 levels. The patient has completed an exuberant amount of physical therapy, diagnostic studies, medication management, and

interventional pain management injections (LEIS) in the past. This patient's medication management consists of Lortab, Zanaflex, Mobic, and Klonopin. The last report of a lumbar epidural steroid injection was performed in April of 2008, with continued complaints reported in a followup note in August of 2008. It appears the patient's medication management as stated above did not change post injection. In addition, there was no change in the patient's function.

From the last submitted office notes dated February 19, 2009 and March 10, 2009, the patient's subjective complaints of back and leg pain symptoms. The clinical examination

reveals tenderness to palpation of the lumbar interspaces at the L4-5 and L5-S1 levels, straight leg raising 30 degrees reproduces symptoms in the left buttock, thigh and calf; the patient reports intermittent subjective sensation of her left leg falling asleep; no focal neurologic deficits noted on examination today. Reportedly, previous MRI (no date specified) reveals disc desiccation at L3-4 through L5-S1 levels; at the L4-5 level, there is note of a mild-to-moderate neuroforaminal narrowing with disc space narrowing and moderate broad-based disc bulge posteriorly.

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

After a review of the information submitted, the previous non-authorization for caudal epidural steroid injection at the L4-5 level has been upheld. There was a lack of available relevant clinical information in support of the request, particularly the information regarding the absence of neurologic deficits in the lower extremities. It appears that the patient has only subjective symptoms indicative of radiculopathy. The criteria for use of epidural steroid injections in accordance with ODG Guidelines clearly indicate that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, it appears that previously performed lumbar epidural steroid injections did not result in any significant sustained pain relief. There was no documentation of decreased medication management and/or improved function.

The Guidelines references used are the Official Disability Guidelines, Treatment Index, 6<sup>th</sup> Edition, 2008, (Webb) under Low Back – Epidural Steroid Injections.

**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)**