

SENT VIA EMAIL OR FAX ON  
May/18/2009

# Applied Resolutions LLC

An Independent Review Organization

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**DATE OF REVIEW:**

May/15/2009

**IRO CASE #:**

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

Lumbar Epidural Steroid Injection #2 @ L5-S1; Fluoroscopic Guidance

**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

IRO Summary

Office Note, Dr. 06/30/08, 07/1/08, 07/18/08, 07/24/08, 08/15/08, 11/03/08, 11/18/08, 1/24/08, 12/02/08, 08/22/08, 09/05/08, 09/18/08, 09/24/08, 10/14/08, 12/19/08, 01/05/09, 01/20/09, 01/29/09, 02/04/09, 02/26/09, 03/19/09 and 04/06/09

MRI Report: 08/20/08

Office Note, PAC/ Dr. : 10/14/08, 11/18/08, 12/09/08, 08/26/08 and 03/10/09

Office Note, Dr. 12/18/08, 02/11/09 and 04/01/09

EMG/NCS Report: 09/10/08

Procedure Report: 01/27/09

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who sustained a low back on xx-xx-xx. The claimant has a history of L5-S1 laminectomy in 2005 with notation of complete recovery and return to regular duty work postoperatively. The claimant is a nonsmoker. Following the xx-xx-xx injury the claimant reported low back and primarily left lower extremity pain. He treated with medications and chiropractic therapy. Physical examination on 06/30/08 demonstrated 4+/5 extensor hallucis longus and dorsiflexion weakness; positive nerve root tension testing at 40 degrees; pain to heel and toe walk; and globally suppressed reflexes. Lumbar MRI evaluation performed on 08/20/08 noted L5-S1 postoperative changes with two millimeter disc herniation without foraminal encroachment. Review of the MRI by Dr., chiropractor, also

indicated a central annular tear.

On 08/22/08 the claimant reported increased right leg symptoms as well. The claimant was evaluated by Dr, pain management, on 08/26/08 with findings of painful range of motion and positive left straight leg raise with normal motor, reflex and sensation findings. The claimant was given Vicodin, Feldene and Baclofen. Recommendation was made for epidural steroid injection. Electrodiagnostic studies conducted on 09/10/08 noted bilateral peroneal and tibial motor neuropathy with notation an underlying peripheral neuropathy cannot be completely ruled out. The claimant was also noted to be taking Ambien, Valium and Neurontin. The claimant continued to report increased pain. Multiple notes provided indicated the claimant continued to work above the sedentary work restrictions with aggravation of his symptoms due to work related issues. Dr. orthopedic, saw the claimant on 12/18/08 with findings of positive left straight leg raise; weakness on toe walking; some paresthesias along the left thigh; and painful range of motion. Recommendation was made again for epidural steroid injection.

On 01/20/09 Dr. noted absent left ankle reflexes with 1+ right ankle reflexes; 4+/5 left leg strength; and left lower extremity paresthesias. Additional chiropractic therapy was recommended. L5-S1 epidural steroid injection was completed on 01/27/09. The claimant reported decreased leg pain and numbness post injection with some persistent symptomatology. Dr. noted on 02/11/09 that the injection helped a great deal and due to significant improvement a repeat injection was recommended.

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

The claimant appears to have a chronic radiculopathy. There is reference to one previous injection which did result in decreased pain, however it was not quantified.

ODG guidelines state that there must be pain relief of 50 to 70% after the first injection. Based on the information, it does appear that this individual has had relief of a quite substantial nature, though it was not quantified.

In light of such, this reviewer based on ODG guidelines would approve it – that being a second ESI, due to his radicular symptoms and failure to respond to prior conservative measures.

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

**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)