



Notice of Independent Review Decision

**DATE OF REVIEW:** 10/21/09

**IRO CASE #:**

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

Lumbar epidural steroid injection times two

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

D.O., fellowship-trained in Pain Management, Board Certified in Anesthesiology with Certificate of Added Qualifications by the American Board of Anesthesiology, with over 22 years of active and current practice in the specialty Pain Management

**REVIEW OUTCOME:**

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)  
 Overturned (Disagree)  
 Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

1. Treating doctor's progress notes, 08/04/08 through 09/01/09
2. Lumbar MRI scan dated 08/04/08
3. Requesting doctor's medical records, 08/10/09 and 09/14/09
4. Designated Doctor Evaluation, 03/27/09
5. Letters of denial dated 08/13/09 and 08/25/09 from two separate physician advisers

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
847.2	62311		Prosp.		08/13/09				Upheld
847.2	62311		Prosp.		08/13/09				Upheld

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This claimant was injured on xx/xx/xx while she was weighing some belts. She stepped on a bolt that was stuck in the cement floor, causing her left foot and ankle to bend and twist, causing her to fall on her back. On 08/04/08 a lumbar MRI scan was performed to evaluate symptoms of low back pain radiating to the LEFT leg. MRI scan results demonstrated a small central L4/L5 disc bulge, which did not contact or displace the nerve roots, a RIGHT lateral L3/L4 disc bulge which did not contact or displace the nerve roots, a LEFT L1/L2 lateral disc bulge which did not contact or displace the nerve roots, and a T12/L1 disc bulge, which also did not contact or displace the nerve roots. The radiologist stated there were "no findings to explain the patient's left-sided radicular symptoms."

The claimant was then seen for a neurosurgical consultation on 11/13/08. It was noted the claimant fell backward, injuring her back and left leg, resulting in left ankle swelling. She had a chief complaint of lumbar pain radiating to the left groin and leg. The neurosurgeon personally reviewed the MRI scan, stating that it

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showed small L3/L4 and L4/L5 central disc bulges and small left disc bulges at L2/L3 and T12/L1. He also noted the claimant had previously seen an orthopedic surgeon, and was diagnosed with ligament tears of the left knee and ankle. Physical examination demonstrated the claimant to be moderately obese. Straight leg raising was positive on the left at approximately 45 degrees, and there was weakness of the left hamstring muscle. Despite stating that his own review of the MRI scan demonstrated only disc bulges, the neurosurgeon stated the claimant's symptoms were secondary to herniated L4 disc. He noted that sensory and reflex examinations were normal and symmetric. He recommended "spinal epidural blocks" and consideration of L3/L4 and L4/L5 laminectomy and discectomy.

A Designated Doctor Evaluation was performed on 03/27/09. In that evaluation, he reviewed the claimant's history to date. He noted the claimant had a lower extremity MRI scan on 09/04/08, demonstrating chondromalacia of the patella. He also noted another lower extremity MRI scan on 10/09/08, demonstrating suggestion of a tear of the talonavicular ligament, mild to moderate left ankle arthritis, and a tear of the calcaneofibular ligament.

On 10/30/08 an orthopedic evaluation was conducted and electrodiagnostic studies of the left foot were recommended. The claimant's complaint of low back, left hip, and left knee pain as well as left ankle aching were noted. He noted the claimant weighed 230 pounds and was 66 inches tall. Physical examination documented only nonspecific left lower lumbar tenderness and left greater trochanter tenderness. Sitting and supine straight leg raising tests were essentially normal bilaterally. Sensation, reflexes, and strength of the lower extremities was normal bilaterally.

The neurosurgeon followed up with the claimant on 06/02/09, noting her complaint of "severe low back pain." He stated that another MRI scan would be considered to determine the status of the claimant's anatomy. On 07/28/09 he followed up with the claimant for her complaint of lumbar and left leg pain, noting she had recently undergone left ankle surgery and was undergoing hip injections. He again recommended "spinal epidural block" and consideration of surgery.

On 08/10/09 the claimant was evaluated for complaint of left ankle and lumbosacral pain. No other symptoms were listed. Physical examination failed to document any neurologic abnormalities or signs of radiculopathy. The claimant was referred for twelve sessions of physical therapy and recommended for epidural steroid injection "per Dr. "

Reviews by two physician advisers recommended nonauthorization of the requested lumbar epidural steroid injections times two based on ODG Guidelines.

On 09/01/09 the neurosurgeon followed up with the claimant, again noting her lumbar and LEFT leg pain. He noted the claimant had recently undergone MRI scan, which shows "only bulging discs." No physical examination results were documented, including no evidence of radiculopathy.

On 09/14/09 the claimant followed up again, complaining of lumbar, left ankle, left hip, and left knee pain. Physical examination again included no evidence of neurologic abnormality deficiency, or evidence of radiculopathy. The claimant's diagnoses were listed as lumbar sprain/strain, knee or leg sprain/strain, and ankle sprain/strain. No diagnosis of radiculopathy was listed. Another twelve sessions of physical therapy were recommended with follow up in one month. No mention was made of further consideration of epidural steroid injection.

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

ODG Treatment Guidelines state that lumbar epidural steroid injections are medically reasonable and necessary when there is radicular pain supported and corroborated by post MRI scan evidence of disc herniation and/or nerve root compromise, as well as either physical examination or electrodiagnostic evidence of radiculopathy. In this case, none of these criteria has been or is currently being met. This claimant, by the neurosurgeon's documentation, has only mild bulging discs, not disc herniation. Moreover,

the disc bulge at the L4/L5 level is to the RIGHT side, OPPOSITE to the side of the claimant's subjective complaints. There is no physical examination evidence of radiculopathy.

The Designated Doctor Evaluation, in fact, showed an almost entirely neurologic exam. Additionally, the MRI scan results clearly document the lack of any compromise, compression, or displacement of lumbar nerve roots at any level. Therefore, absent any objective evidence of disc herniation or nerve root compromise to corroborate the claimant's pain complaints, as well as physical examination or electrodiagnostic evidence of radiculopathy, lumbar epidural steroid injection is not medically reasonable, necessary, or supported by ODG Treatment Guidelines. Additionally, ODG Treatment Guidelines do not recommend automatic performance of two lumbar epidural steroid injections as is requested in this case. Therefore, for the reasons cited above, the recommendations for nonauthorization by the two previous physician advisers are upheld, and the request for lumbar epidural steroid injection times two is not medically reasonable, necessary, or indicated.

It is also interesting and important to note that the radiologist who reviewed the lumbar MRI scan on 08/04/08 specifically stated that there were "no MRI scan findings to explain the patient's left-sided radicular symptoms," further supporting the lack of credible objective support for the claimant's subjective complaints, and, therefore, valid indication for performing lumbar epidural steroid injection.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 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)