



DATE OF REVIEW: 10/26/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Selective lumbar epidural steroid injections at L4/L5 bilaterally

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 private practice of Pain Management full time since 1993

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)

The medical necessity for the bilateral L4/L5 epidural steroid injection has not been demonstrated.

INFORMATION PROVIDED FOR REVIEW:

1. TDI Referral
2. URA findings, 9/25 to 10/5/2009
3. MD, office notes, 9/16/2009 to 10/6/2009
4. Medical Center, MRI, 9/16/2009

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This individual has chronic low back pain and has had multiple surgeries including an L5/S1 fusion and subsequent hardware removal. Numerous modalities have been utilized including epidural steroid injections, physical therapy, and a behavioral pain management program. Recent imaging shows spinal canal narrowing at L4/L5 above the fusion.

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

The ODG Guidelines specify that there should be objective demonstration of radiculopathy to warrant a lumbar epidural steroid injection. There has been no documentation of radiculopathy. Therefore, the ODG Guidelines have not been met for 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 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)