

# **INDEPENDENT REVIEWERS OF TEXAS, INC.**

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## Notice of Independent Review Decision

**DATE OF REVIEW:** 10/15/09

**IRO CASE NO.:**

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

Item in dispute: Left L4-S1 Trans ESI w/s NRB

**A 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 determination should be:

Denial Upheld

**PATIENT CLINICAL HISTORY (SUMMARY):**

This employee was injured on xx/xx/xx while performing her usual job. She was lifting a wooden pallet and felt a pop, which was followed by immediate pain. She had physical therapy that did not help.

A neurological examination performed by Dr. on 08/08/07 found her to have a normal neurological examination with symmetrical reflexes, strength, and sensation of the bilateral lower extremities with negative straight leg raising. The doctor referred to a previous epidural steroid injection that did not help.

MRI studies were performed on 12/03/05, 08/22/07, and again on 02/23/09. All studies were similar in reporting disc desiccation throughout the lumbar spine, congenitally short pedicles, and a shallow disc protrusion at L3-L4, L4-L5, and L5-S1.

The employee was found to be at Maximum Medical Improvement (MMI) by her treating doctor, D.C., on 12/14/07 with an impairment of 10%. This was statutory MMI.

Dr. performed an Independent Medical Evaluation (IME) on 02/24/09 and again reported a neurologically normal examination with negative straight leg raising.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS.**

## **FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

**Official Disability Guidelines** recommendations for epidural steroid injections included documentation of radiculopathy. This employee was neurologically symmetric bilaterally. In the one documented injection, she had 30% pain relief for two to three weeks with the pain reoccurring at that time. This employee did not meet **Official Disability Guidelines** recommendations for epidural steroid injections. In addition, she had very little response to the other injections. This mitigates against a discogenic cause for the pain. For those reasons, this request was not certified.

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

### **1. Official Disability Guidelines**