

**SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.**  
**12001 NORTH CENTRAL EXPRESSWAY**  
**SUITE 800**  
**DALLAS, TEXAS 75243**  
**(214) 750-6110**  
**FAX (214) 750-5825**

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**DATE OF REVIEW:** September 21, 2009

**IRO CASE #:**

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

Lumbar epidural steroid injection to include CPT codes #62311 and 77003.

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

Diplomate, American Board of Orthopaedic Surgery

**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**

Medical records from the URA include:

- Official Disability Guidelines, 2008
- Spine and Rehabilitation Institute, 07/07/09
- M.D., 07/28/09, 08/11/09
- 08/06/09, 08/11/09, 08/25/09

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- Radiology, 08/06/09
- Pre-Authorization Request Form, 08/25/09
- Texas Department of Insurance, 09/11/09

Medical records from M.D. include:

- Spine and Rehabilitation Institute, 05/05/09, 07/07/09
- Imaging, 06/08/09
- M.D., 07/28/09, 08/11/09, 09/01/09

**PATIENT CLINICAL HISTORY:**

I have had the opportunity to review medical records on this patient. The purpose of the IRO is to determine medical necessity of lumbar epidural steroid injections. The case involves a patient who developed a disc herniation and underwent surgery at L4-5, which included a laminotomy and discectomy. He continued having lower back pain after the surgery, with radiation into the right thigh.

M.D. noted on physical examination no muscle spasms and negative tension signs. He recommended electrodiagnostic studies and an evaluation by M.D.

The electrodiagnostic studies were performed on August 11, 2009, and were consistent with mild chronic L4, L5, and S1 radiculopathy on the right and left.

Dr. in his most recent follow-up of September 1, 2009 noted no physical findings. He recommended an epidural steroid injection.

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

It is my opinion that the epidural steroid injection is not supported by the ODG Guidelines and the clinical records provided to me. The denial in this case appears to be appropriate.

**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

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- 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)**