



REVIEWER'S REPORT

DATE OF REVIEW: 03/23/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral L5 transforaminal epidural steroid injection

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 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 ODG Guidelines have not been met for a lumbar epidural steroid injection.

INFORMATION PROVIDED FOR REVIEW:

1. TDI referral
2. URA denials, February 2nd -8th
3. Peer Review, 1-29 to 2-6-2010
4. MD, Office notes 12-30-09 to 1-27-2010
5. xxxxx, MRI, 1-22-2010
6. ER notes, December 12, 2009

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This was injured on the job on xx/xx/xx. He has had persistent back pain with occasional leg pain after having undergone physical therapy. MRI scan shows a right L4/L5 herniated disc with right L5 impingement.

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

ODG criteria for an epidural steroid injection includes evidence of radiculopathy combined with impingement on imaging studies. This individual has a right-sided herniated disc. Therefore, there is no evidence of left-sided impingement. There are no physical findings corroborating a radiculopathy. The ODG are not met for a transforaminal epidural steroid injection bilaterally at L5.

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 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.)