



Southwestern Forensic  
Associates, Inc.

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 12/11/10

**IRO CASE #:**

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

Lumbar epidural steroid injections, multiple levels

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering spine problems

**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)

**INFORMATION PROVIDED FOR REVIEW:**

1. Forensic forms and memos
2. TDI referral forms
3. Denial letters, 09/22/10 and 10/08/10
4. Carrier records
5. referral letter, 11/29/10
6. Clinical notes, P.A.-C., five entries between 06/12/07, and 04/13/10
7. TWCC-73 forms, seven entries between 07/25/07 and 09/07/10
8. explanation of reviews, 09/20/07, 09/23/10, amended reviews 10/18/10 and 07/15/08
9. Adviser Referral, 10/04/10
10. adverse determination notification, 09/22/10
11. clinical notes, 08/20/07, 05/29/07, 06/04/07, and 06/06/07
12. M.D., clinical notes, 09/15/10 and 10/01/10
13. Business records, and Physician Limited, multiple records
14. Fax cover sheets, multiple

181 Ruby Lake Drive  
Kyle, TX 78640

512.268.9213 \* 512.697.8301 (fax) \* Email: nan@swforensics.com

15. Reconsideration requests, multiple
16. Radiology report, MRI scan lumbar spine, 04/26/10
17. reconsideration upheld, 10/08/10
18. business records, multiple entries
19. MRI scan and neurology consultation request, 04/19/10
20. TWCC form 69, 01/23/08, resulting in MMI 01/23/08 with 4% whole person impairment rating
21. Designated Doctor Evaluation, 01/23/08
22. HICF form, 06/27/07
23. Action Physical Therapy, clinical records, multiple between 04/04/07 and 06/24/08
24. PT records, 06/19/07 and flow sheet
25. Medical Center business records
26. business records
27. Peer Review record, 05/14/10
28. M.D., clinical notes, 06/04/07
29. Open MRI scan, lumbar spine, 06/18/07 and MRI scan left knee
30. MMI request, 06/25/07
31. M.D., physical therapy request, 05/29/07
32. Physical therapy prescription, 06/20/07
33. Functional Capacity Evaluation, 08/07/07
34. Requestor records
35. URA records
36. Word Index Peer Review, 05/14/10
37. ODG, Low Back Pain chapter, abstracted and abridged
38. MDA chapter on contusions

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

The patient is a female who suffered a slip-and-fall while at work on xx/xx/xx. She suffered multiple complaints of low back pain, left leg pain, and right wrist pain. Her initial evaluation resulted in multiple diagnoses of contusions and sprains. She was felt to have suffered a lumbar strain syndrome. She was treated extensively with physical therapy, and for a period of time Lyrica as well as tramadol, Motrin, and Flexeril. She has had no periods of being asymptomatic. Most recently she has had a severe recurrence of pain. Physical examination on 10/01/\_\_\_ failed to demonstrate objective physical findings leading to a diagnosis of radiculopathy. Achilles and patellar reflexes are reported as 2+ and equal. There is no demonstrable muscle weakness. She has complaint of pain in the left ankle and left knee, which are felt to be the result of previous trauma. The examinee/claimant/patient has a history of previous injuries under the auspices of the Workers' Compensation system. A request for epidural steroid injections at levels L3, L4, and L5 was submitted and denied. A reconsideration request was submitted and was denied.

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

This examinee does not have physical findings which would be confirmatory for lumbar radiculopathy. Reflex abnormalities, motor and sensory deficits are required as objective

physical findings to confirm radiculopathy. Epidural steroid injections are preauthorized primarily for lumbar radiculopathy in patients that have nerve root compression syndromes and are attempting to avoid more aggressive surgical procedures.

**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, 2008, Cervical Spine Chapter, Discography passage.
- 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.)