



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Transforaminal epidural steroid injections and lysis of adhesions on the left at L5

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)

ODG criteria have not been met for lumbar epidural steroid injection and adhesiolysis at L5.

INFORMATION PROVIDED FOR REVIEW:

1. Denial information
2. Office notes from Dr., 1/26/10 thru 4/7/10
3. Peer review, MD
4. Peer review, MD

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This individual sustained a back injury on xx/xx/xx. After failure of conservative treatment, he underwent a lumbar laminectomy and L4 through S1 fusion on 01/31/01. Back and leg pain persisted. He had left L5 transforaminal epidural steroid injection and adhesiolysis performed on 08/04/09 by Dr.. He had complete pain relief until an office visit on 02/26/10. No neurological deficit is demonstrated, nor is there imaging studies indicating neural impingement.

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

The ODG criteria do not recommend lysis of adhesions due to inadequate literature supporting efficacy, and there is no imaging study documenting epidural adhesions. Therefore, it is not reasonable to perform adhesiolysis procedure. Criteria for epidural steroid injection are not met. There is no objective evidence of radiculopathy and no imaging studies with corresponding nerve impingement.

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.)