



REVIEWER'S REPORT

DATE OF REVIEW: 03/09/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Epidural steroid injections, lumbar

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

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

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. ZRC forms
2. TDI referral forms
3. Letter from attorney, 02/17/10
4. Denial letters, 01/20/10 and 01/29/10
5. Carrier records
6. Clinical notes, Medical Group, eleven entries
7. Physical therapy prescriptions
8. TWCC-73 forms, eight entries
9. TWCC-69 form, 03/24/09
10. History and physical examination, 09/22/08, 10/14/08
11. Psychosocial services, confidential patient information, 08/22/08
12. physical therapy evaluation, 10/28/08
13. EMG/nerve conduction study, 09/15/08
14. Family medical clinic note, 02/24/09
15. Designated Doctor appointment letters, 03/16/09, 07/30/09, 02/10/10
16. Designated Doctor Evaluation, 03/24/09
17. Clinical notes, M.D., et al, nine entries

18. Precertification request, 10/01/09, 04/24/09 for lumbar epidural steroid injections
19. MRI scan, lumbar and thoracic studies, 04/06/09 and 05/13/09
20. Sports Medicine clinical entries, three entries
21. Precertification request
22. Clinical notes, M.D., 01/11/10 and 01/20/10
23. DME request, LS spine brace, 11/12/09
24. Patient demographics, 11/12/09
25. Operative report, 11/02/09, for lumbar epidural steroid injection and lumbar epidurogram
26. Operative note, 11/02/09
27. Anesthesia record, 11/02/09
28. Prescription for physical therapy, 03/12/09
29. EMS benefits and approval MDA
30. Lumbar musculature range of motion studies, 07/16/09, 08/25/09
31. Computerized muscle testing, 07/16/09
32. Urine drug tests, 06/18/09, 09/24/09
33. medication studies, 06/24/09, 09/28/09
34. Neuromuscular stimulation unit prescription, 08/13/09
35. Discharge summary, 11/02/09
36. History and physical examination, 11/02/09
37. medical clinical notes, 01/11/10
38. Letter of medical necessity for lumbar brace, 10/15/09
39. Physical therapy progress note, 11/06/08
40. Patient submission records

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This unfortunate female was in an awkward position when she was on stopped and restarted. She was bending forward trying to adjust a window shade and suffered a straining-type, positional-type injury. The date of injury was xx/xx/xx. She was initially felt to have suffered a thoracic and lumbar muscular strain syndrome. An MRI scan performed on 05/13/09 revealed L3/L4 disc herniations with broad-based central disc herniation at L4/L5. She has been treated extensively with physical therapy and medications. She underwent a single lumbar epidural steroid injection on 11/02/09. Apparently she has not received significant long-term benefit from that injection. She has been treated with an electrical neuromuscular stimulating unit as well as back bracing. The current request is for repeat epidural steroid injections in the lumbar spine region. The request has been considered and denied, reconsidered and denied. The most current physical examination of 01/11/10 does not reveal physical findings suggestive of radiculopathy.

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

Currently the patient has a persistent complaint of lumbar pain, which appears to radiate into the proximal portions of both lower extremities. She has no physical findings which would suggest radiculopathy. The original request to perform epidural steroid injections was denied, reconsidered and denied. It would appear that these decisions were

appropriate and should be upheld. The effect of the single epidural steroid injection does not appear to have been dramatic, and it does not appear that the criteria published in the ODG for either diagnostic or epidural steroid injections have been met. Medical necessity has not been established.

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.)