



Southwestern Forensic  
Associates, Inc.

**REVIEWER'S REPORT**

**IRO CASE #:**

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

Lumbar caudal epidural steroid injection at L4/L5

**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. xxxx forms
2. TDI referral forms
3. xxxx letters of denial, 03/19/10, 03/26/10, 03/18/10
4. Preauthorization forms, 03/15/10, appeal 03/19/10
5. Clinical notes, 03/11/10, 12/15/09, 07/21/08
6. Operative report, 10/21/09
7. Epidural steroid injections

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

The patient is a -year-old female who suffered a straining injury to the lumbar spines on xx/xx/xxxx. She was lifting a bag of onions. She was extensively evaluated for complaints of pain. She underwent a laminectomy and has suffered persistent discomfort. She suffers post laminectomy, failed back, syndrome. She has undergone at least one set of epidural steroid injections, which provided her with transient relief of symptoms. There is a request at this time for repeated lumbar caudal epidural steroid injections. The clinical notes provide no documentation of objective physical findings. It would appear

that the request is being made purely on the basis of complaint of pain. The request has been considered and denied, reconsidered and denied.

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

The clinical information submitted with this appeal request does not include any objective physical findings. The history is not complete. There is no documentation of radiculopathy. The requirements of the ODG 2010 Low Back Chapter for epidural steroid injections have not been met. As such, the prior denials were appropriate and should be upheld.

**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.)