

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.  
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Notice of Independent Review Decision

**DATE OF REVIEW:** November 21, 2010

**IRO CASE #:**

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

Lumbar Epidural Steroid Injection L3-4 with fluroscopy on an outpatient basis.

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

DIPLOMATE, AMERICAN BOARD OF ORTHOPAEDIC SURGERY

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Medical records from the URA/Carrier include:

- Official Disability Guidelines, 2008
- M.D., 03/05/93, 03/29/93, 04/19/93, 04/20/93, 04/23/93, 05/03/93, 06/16/93, 07/19/93, 12/15/93, 02/18/94, 04/29/94, 09/19/94, 03/06/95, 03/30/95, 01/10/96, 06/03/96, 08/02/96, 02/05/97, 05/28/97, 09/08/97, 09/24/97, 10/27/97, 10/29/97, 12/29/97, 05/01/98, 11/04/98, 01/25/99, 06/14/99, 09/13/99, 12/27/99, 01/10/00, 09/06/00, 02/19/01, 05/30/01, 06/13/01, 03/31/03, 05/11/05, 01/09/06, 04/05/06, 09/06/06, 10/18/06, 01/18/07, 01/31/07, 02/28/07, 04/30/07, 09/29/10
- M.D, 04/20/93
- Work Recovery, Inc., 03/24/95

- M.D., 01/10/96
- M.D., 07/10/96, 01/07/00
- M.D., 09/13/99, 02/15/06
- M.D., 01/04/00
- M.D., 03/31/03
- M.D., 03/06/06, 06/23/06
- M.D., 11/03/06, 05/30/07, 07/11/07, 08/22/07, 09/24/07, 10/12/07, 11/09/07, 12/28/07, 02/29/08, 05/30/08, 08/29/08, 01/02/09, 03/30/09, 06/29/09, 11/17/09, 01/05/10, 02/19/10, 04/23/10, 07/07/10, 08/11/10, 08/17/10, 08/25/10, 09/30/10, 10/05/10
- Medical Center, 11/27/06, 09/23/10
- Care Programs, Inc., 07/19/07
- Healthcare, 12/28/09
- M.D., 09/23/10
- Orthopaedic Center, 09/29/10, 10/19/10
- M.D, 09/29/10
- 10/08/10, 10/27/10

Medical records from the Provider include:

- M.D., 03/05/93, 03/29/93, 04/19/93, 04/20/93, 04/23/93, 05/03/93, 06/16/93, 07/19/93, 12/15/93, 02/18/94, 04/29/94, 09/19/94, 03/06/95, 03/30/95, 01/10/96, 06/03/96, 08/02/96, 02/05/97, 05/28/97, 09/08/97, 09/24/97, 10/27/97, 10/29/97, 12/29/97, 05/01/98, 11/04/98, 01/25/99, 06/14/99, 09/13/99, 12/27/99, 01/10/00, 06/13/01, 09/06/00, 02/19/01, 05/30/01, 06/13/01, 03/31/03, 05/11/05, 01/09/06, 04/05/06, 09/06/06, 10/18/06, 01/18/07, 01/31/07, 02/28/07, 04/30/07, 08/25/10, 09/29/10, 10/27/10
- M.D., 04/20/93
- M.D., 04/22/04
- Work Recovery, Inc., 03/24/95
- M.D., 01/10/96
- Medical Center, 07/10/96, 01/07/00, 11/27/06, 01/18/07, 09/23/10
- M.D, no date
- Rehabilitation Group, 10/29/97
- M.D., 09/13/99, 05/11/05
- M.D., 01/04/00
- M.D, 03/16/00
- M.D., 03/31/03, 02/15/06
- M.D., 03/06/06, 06/23/06
- M.D., 11/03/06, 05/30/07, 07/11/07, 08/22/07, 09/24/07, 10/12/07, 11/09/07, 12/28/07, 02/29/08, 05/30/08, 08/29/08, 01/02/09, 01/16/09, 06/29/09, 11/17/09, 01/05/10, 02/19/10, 04/23/10, 07/07/10, 08/18/10, 08/17/10, 09/30/10, 10/05/10
- Care Programs, Inc., 07/19/07, 09/21/07, 06/10/08

### **PATIENT CLINICAL HISTORY:**

The patient had a work injury on xx/xx/xx, which resulted in radiculopathy.

Subsequently, the patient had a fusion and hardware inserted. The patient has had multiple procedures since that time, with episodes of lumbosacral pain and lumbar radicular pain. The patient has had evidence of spinal stenosis. The patient has had surgical procedures and has undergone pain management.

The repeated imaging studies have been consistent with spinal stenosis.

The patient has had electrodiagnostic procedures, most recently on January 5, 2010. The findings were consistent with L4-5 radiculopathy, with signs of active denervation. There was evidence of acute and chronic right L5-S1 radiculopathy, with evidence of ongoing denervation.

The patient had an L3-4 transforaminal epidural steroid injection on September 30, 2010, with 75% improvement, with mild return of symptoms.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

Again, the denial is overturned under the parameters of ODG Guidelines. The request has met the criteria, based upon a review of the available records extending all the way back to 1993.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- 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 JUDGEMENT, 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)