



REVIEWER'S REPORT

DATE OF REVIEW: 04/07/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left L4/L5 transforaminal epidural steroid injection number two with IV sedation

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D, board certified by the American Board of Physical Medicine and Rehabilitation

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:

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injured employee is currently a male who sustained a work-related lumbar injury on xx/xx/xx. He was initially diagnosed with a lumbar strain. He also sustained a cervical injury, but that complaint is not the focus of this review down, causing him to experience neck pain and low back pain. He subsequently had an anterior cervical discectomy and fusion in May 2004. He was initially seen at Center for pain management consultation on 10/05/10 by M.D., board certified in anesthesiology and pain management. He was complaining of pain radiating down both his lower extremities with weakness in his left leg and numbness and tingling involving both feet. There was no bowel or bladder dysfunction. He had had no injections regarding his lower back injury since his accident from xxxx. His initial physical examination showed deficits with lumbar flexion and a positive straight leg raise on the left for posterior leg pain while tested in the seated position. He also had deficits in the right L5/S1 dermatomes as compared to the left lower extremity at the calf level. There were no motor deficits in the distal lower extremities, and he had decreased reflexes at the knees and ankle. A review of a lumbar MRI scan which has been done at Imaging on 09/27/10 showed disc protrusions at L4/L5 and L5/S1 with moderate to severe spinal stenosis at both levels with ligamentum flavum hypertrophy and facet hypertrophy at these levels and lateral recess stenosis with bilateral neural foraminal stenosis at L4/L5 and L5/S1. He was initially diagnosed with low back pain and bilateral lower extremity radiculopathic symptoms, left greater than right, and he was recommended for a trial of lumbar epidural steroid injections with hopes of then advancing into physical therapy. The patient underwent a left L4 and left L5 transforaminal epidural steroid injections at Center by M.D. on 12/27/10. This procedure was done with fluoroscopic guidance.

The patient was seen back in follow-up by Dr. on 01/05/11, noting that after his first injection, his pain had decreased 50%, and he also stated he did experience good relief in his numbness and tingling in the left lower extremity for a few days, but the numbness and tingling returned and was intermittent in nature but decreased in severity. Dr. recommended another transforaminal lumbar epidural steroid injection. However, this procedure was denied.

The initial review was done on 03/03/11 by Dr.. He used the Official Disability Guidelines/Treatment in Workers' Compensation online addition for lumbar epidural steroid injections. The Guidelines state that the procedure should produce pain relief of at least 50-70% for at least six to eight weeks, and if this occurs, additional blocks may be supported. Dr., the reviewer, felt that the documentation did not provide objective evidence that the patient's clinical and functional response from the previous epidural steroid injection included sustained pain relief or increased performance in his activities of daily living or a reduction in medication use. He also noted that if there was evidence of prolonged relief from injections, then the request would be consistent with the guidelines and that Dr. would need to re-evaluate the patient to determine whether there was sustained relief. Because his documentation was not available, the request was not certified at that time.

The patient was seen back by Dr. for a re-evaluation on 03/09/11, and his note clearly documents that the patient did continue to get 50-60% reduction in his pain after the first injection. He also continued to report a decrease in the numbness he was experiencing in the left lower extremity. He also reported no weakness in the left leg immediately following the first injection, and he was able to perform his activities of daily living with greater ease following his first injection.

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

In my opinion, this additional documentation from his pain management follow-up visit on 03/09/11 falls in line with the accepted guidelines for the patient to be approved for a second lumbar epidural steroid injection.

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.)