



REVIEWER'S REPORT

DATE OF REVIEW: 04/13/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Transforaminal lumbar epidural steroid injection, L3/L4

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 have not been met for the requested epidural steroid injection.

INFORMATION PROVIDED FOR REVIEW:

1. Referral for IRO
2. MD, office notes, 1/14/11 to 1/25/11
3. DO, DC, peer review, 8/6/10
4. Lumbar MRI, 1/29/08

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This morbidly obese female sustained an injury on XX/XX/XX. After failure of conservative therapy, an EMG showed left L4 radiculopathy. Instability was reported at L5/S1. Epidural steroid injection series were not effective. An L5/S1 fusion was performed on 08/28/08. Pain persisted. Revision and extension of the fusion from L4 to S1 was performed on 03/18/09. The pain persisted. A chronic behavioral pain management program was completed in May 2009. Symptoms persisted, and epidural steroid injection was requested on 01/11/10 and denied.

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

ODG Guidelines require evidence of radiculopathy and corroboration with imaging studies. There have been no recent imaging studies and evidence of radiculopathy on physical examination. ODG are not met for lumbar epidural steroid injections. Also,

numerous procedures have been performed in the past, including epidural steroid injections with no efficacy. A lumbar epidural steroid injection is not indicated.

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.)