



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 01/26/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar epidural steroid injection

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering chronic low back pain

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. Forensic forms and memos
2. TDI referral forms
3. Utilization Management forms
4. Denial letters dated 12/14/10, 12/16/10, 12/20/10
5. Carrier records
6. preauthorization requests, 12/14/10, 12/20/10, 11/23/10, and 11/24/10
7. Fax cover sheet, 12/09/10
8. Dr. procedure orders, 12/09/10
9. Clinic notes, 12/03/10 and 09/27/10
10. Lumbar x-ray reports, 09/27/10 and 06/28/10
11. MRI scan of lumbar spine, 07/08/10, revealing left paracentral disc protrusion at L4/L5
12. Manual muscle testing, 12/03/10

13. Multiple literature references concerning spinal epidural steroid injections; NCBI ProMed references on the effect of epidural steroid injections on degenerative disc disease and epidural steroid injections, JBJS references on nerve root block in the treatment of lumbar radicular pain, AMA Guides to the Evaluation of Permanent Impairment concerning radiculopathy
14. Pain and Recovery Clinic, 10/29/10, and fax cover 10/18/10.
15. M.D., clinical notes 11/05/10 and 07/21/10
16. TWCC form 73, 11/05/10
17. Recovery Clinic physical therapy note, 10/18/10
18. Imaging Center and fax cover, 11/18/10
19. confidential information
20. Denial letter, 09/21/10
21. Letter of medical necessity for EMG/NCV study, 11/16/10
22. Requestor records, , M.D. and FNP, 06/28/10, 07/15/10, 07/16/10, and 07/01/10

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a male who suffered an injury on xx/xx/xx while working on moving heavy equipment. He suffered pain in the lumbar spine and ultimately pain radiating into both lower extremities, more severe on the left than on the right. He has been evaluated by a number of physicians. His treatments have consisted primarily of medications and physical therapy as well as activity modifications. He has recently been evaluated with findings including straight leg raising test positive, tenderness in the lumbar spine region, diminished range of motion of lumbar spine, and weakness in the left lower extremity. He complains of numbness and tingling more severe on the left side. A recommendation for epidural steroid injection has been made. It was considered and denied, reconsidered and denied.

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

The ODG recommends epidural steroid injections for diminishing inflammation and radicular symptoms. This patient has radicular symptoms and physical findings including straight leg raising positive on the left side and weakness in the left lower extremity. He has symptoms which suggest radiculopathy. There are both diagnostic and therapeutic goals to be achieved by epidural steroid injections. It would appear that epidural steroid injection would be appropriate for this patient who is now suffering chronic low back pain and radicular pain into the left lower extremity.

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, 2008, Cervical Spine Chapter, Discography passage.
- 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.)