



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 02/16/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral L5/S1 transforaminal epidural steroid injection

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 criteria have not been met to establish necessity for the requested procedure.

INFORMATION PROVIDED FOR REVIEW:

1. URA notes, 1-3-11 to 1-17-11
2. Office notes, 4-28-09 to 1-24-11
3. Lumbar MRI, 8-15-07 and 7-17-08
4. ESI/Epidurogram, 12-23-08
5. Surgical notes, 8-19-08

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This individual has a diagnosis of post lumbar laminectomy syndrome and has persistent back pain which radiates to the entirety of both legs. Epidural steroid injections have been performed previously. The last one occurred on 01/13/10. On physical examination there is decreased sensation in the right L5 distribution.

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

ODG require 50% to 70% pain relief for six to eight weeks after a lumbar epidural steroid injection to justify repeating the procedure. There is no documentation of relief from the procedure performed on 01/13/10. ODG are not met for this case.

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.)