



Southwestern Forensic  
Associates, Inc.

**DATE OF REVIEW:** 07/13/11

**IRO CASE #:**

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

Lumbar epidural steroid injection on the right translaminar at L4/L5

**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)

**INFORMATION PROVIDED FOR REVIEW:**

1. TDI Referral
2. URA notes, 5/17/11 to 6/16/11
3. Rehabilitation, office notes, 5/5/11 to 6/8/11
4. MD, Designated Doctor report, 12/30/10
5. Imaging, Cervical MRI, 6/8/10
6. Imaging, Thoracic MRI, 5/27/10
7. MD, office notes, 6/23/10 to 12/13/10
8. MD, office notes, 1/14/11
9. office notes, 3/9/10 to 11/14/10

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This individual sustained a neck and low back injury on xx/xx/xx when a fence fell on her. The low back is the primary site of pain. MRI scan shows right L4 and left L5 impingement. Physical therapy has been performed to include six sessions. At the

05/05/11 office visit, the primary complaint was low back pain. There was no physical examination or other evidence of radiculopathy.

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

Official Disability Guidelines require clinical evidence of radiculopathy that correlates with the MRI scan findings. There is no evidence of radiculopathy on physical examination. ODG are not met for the procedure requested.

**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.)