



3250 W. Pleasant Run, Suite 125 Lancaster, TX 75146-1069
Ph 972-825-7231 Fax 975-274-9022

Notice of Independent Review Decision

DATE OF REVIEW: 6-15-2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a lumbar epidural steroid injection at L4-L5 on the right side with cath and saline.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. The reviewer has been practicing for greater than 10 years.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

The reviewer disagrees with the previous adverse determination regarding the lumbar epidural steroid injection at L4-L5 on the right side with cath and saline.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

Law Firm representing the injured worker, Law Offices of representing the carrier, and.

These records consist of the following:

- Notes from M.D. dated October 19, 2009, December 22, 2009, January 12, 2010, January 25, 2010, February 22, 2010, March 9, 2010, March 22, 2010, April 7, 2010, April 27, 2010, May 10, 2010, September 28, 2010, December 28, 2010, January 28, 2011, and March 30, 2011
- Physical therapy notes, 34 sessions between November 10, 2009 and May 5, 2010

- MRI scan of the lumbar spine dated April 27, 2010
- Peer Review from, M.D. dated August 9, 2010
- Note from M.D. dated August 24, 2010
- Log notes between Dr. and dated August 27, 2010
- Peer Review from M.D. dated August 27, 2010
- Designated Doctor Evaluation from D.O. dated September 8, 2010
- Peer Review letter dated November 12, 2010
- Designated Doctor Evaluation from M.D. dated January 12, 2011
- Notes from M.D. dated March 14, 2011 and April 28, 2011
- Peer Reviews dated March 18, 2011 and April 15, 2011
- Notes from Law Firm dated May 24, 2011 and May 31, 2011
- Letter from Attorney at Law, dated May 31, 2011

The ODG guidelines were also provided by.

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the medical records, this individual was injured in a work related accident on xx/xx/xx. She was in a motor vehicle which was struck from behind. She reported injuries to her lower back when she struck the back against the metal portion of the seat. She was seen on the date of injury by M.D. who noted that she was complaining of headache and back pain. She did not describe radicular symptoms and had no clear cut weakness. She had localized tenderness and spasm in the left lower back and straight leg raise was negative at 60°. A diagnosis of lumbosacral spine contusion and sprain and tension headaches was made. The individual was treated with Orudis 75 mg 3-4 times a day and Zanaflex 4 mg at bedtime.

The injured worker began physical therapy on November 10, 2009. I reviewed notes from multiple physical therapy sessions between November, 2009 and May 5, 2010. The initial physical therapy was directed toward the lower back and left sacroiliac joint pathology and there are notes that indicate the individual was improving with therapy and a sacroiliac belt as well as her medications. She had several exacerbations of pain and had an MRI of the lumbar spine performed on April 27, 2010. The MRI demonstrated degenerative disk disease at L4-5 and L5-S1 with a moderate loss of disk space height and posterior annular fissures and tears, diffuse annular bulge at L4-5 encroaching on the descending L5 nerve roots and foraminal stenosis at L4-5 and L5-S1. On May 10, 2010, Dr. noted the MRI findings and stated that he felt the injured worker's symptoms were due to nerve root encroachment. He recommended referral to a pain management specialist and concluded that conservative treatment had failed.

On xx/xx/xx, a pain management specialist, M.D. evaluated the injured worker. Dr. noted the reported injury and stated that the worker was complaining of stiffness, radicular leg pain, occasional weakness in both legs, occasional numbness and tingling in the groin area on the left, and a positive response to Valsalva maneuvers. Dr. noted that straight leg raising was negative at that time and that deep tendon reflexes were symmetrical. He reported sensation from L3 through S1 to be intact. His assessment was that the injured

worker had bulging disks with annular tears and pain due to facet and disk degeneration. He recommended bilateral L5 epidural steroid injections.

Two peer reviews were performed on the request for epidural steroid injections and both concluded that ODG Treatment Guideline criteria for the injections were not met because there was no definitive evidence of radiculopathy.

Designated Doctor Evaluations were performed on September 9, 2010 by, D.O. Dr. felt that the injured worker was not at maximum medical improvement and stated that the differential diagnosis for the patient should include lumbar intervertebral disk disorder without myelopathy. A second Designated Doctor Evaluation was performed by, M.D. on January 12, 2011. Dr. felt the injured worker was at maximum medical improvement with a 5% whole person impairment.

Dr. continued to follow the injured worker and on March 14, 2011, the injured worker saw a second pain management specialist, M.D. Dr. noted the injured worker's history and stated that there was tenderness to palpation over the lumbar spine and paravertebral regions with exacerbation of pain with straight leg raise. Dr. stated that the pain traveled down the lower extremities in an L4, L5 nerve root distribution, greater on the right side than the left. He further stated that "findings correlate with physical as well as exam and MRI findings". He recommended epidural steroid injections, physical therapy, a TENS unit, and a back brace.

Peer reviews were performed by anesthesiologists on the request for epidural steroid injections on March 18, 2011 and April 15, 2011. Both of the anesthesiologists apparently felt that the injured worker did meet criteria for diagnosis of radiculopathy, but stated that the request for epidural steroid injections did not meet ODG Treatment Guidelines because the levels or level to be injected were not specified.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The service in dispute is the prospective medical necessity of lumbar epidural steroid injection at L4-L5 on the right side with cath and saline. The service is recommended to be approved. Medical records indicate that this worker was injured on xx/xx/xx. The primary injury was to her lower back. She received extensive conservative treatment including physical therapy, a sacroiliac belt, and multiple medications including analgesics, nonsteroidal anti-inflammatory drugs, and muscle relaxers. She failed to improve with her extensive treatment. Epidural steroid injections have been recommended by two pain management specialists as well as the treating physician M.D. These epidural steroid injections were initially denied because medical records did not provide adequate documentation of radiculopathy. Now, the pain management specialists have further identified findings which would substantiate a diagnosis of radiculopathy.

According to ODG Guidelines, radiculopathy must be documented and objective findings on examination must be present. The pain management specialist describes the radicular pain as fitting into an L4-5 distribution down both lower extremities, greater on the right side than

the left. His plan is to inject at the L4-5 level on the right. The record indicates that deep tendon reflexes are normal, but these would be expected to be normal with an L5 radiculopathy. There are statements that the injured worker has “paresthesias” and subjective sensory changes. Focal weakness is not described by Dr., but he does mention “decreased muscle function and strength.” The most recent description of straight leg raise is that it is positive at 30° and that it does produce increased discomfort with dorsiflexion of the ankle. MRI findings are consistent with a diagnosis of radiculopathy. No electrodiagnostic studies were presented for review.

The above information is acceptable evidence of radiculopathy and the patient’s extensive treatment has thus far failed to improve her situation. It would be reasonable to proceed with lumbar epidural steroid injections at the L4, L5 level on the right side for the purpose of both diagnosis and treatment. It is my opinion that this medical record provides adequate documentation of radiculopathy and the treating physician has specifically indicated the level to be treated. ODG treatment guidelines for epidural steroid injections are met at this time.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- 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 JUDGEMENT, 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)