



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 03/07/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar epidural steroid injection, transforaminally 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)

ODG Guidelines have been met for the requested epidural steroid injection.

INFORMATION PROVIDED FOR REVIEW:

1. TDI Referral
2. URA findings, 1/31/11 to 2/22/11
3. Clinic, Office Notes, 11/9/10 to 1/25/11
4. Hospital, ESI notes, 10/25/10 to 11/15/10
5. Hospital, MRI Lumbar, 7/1/10

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This individual has back and leg pain after a work-related injury. The MRI scan on xx/xx/xx demonstrates a large central and left herniation at L4/L5. After failure of conservative care including chiropractic, a lumbar epidural steroid injection was performed on 10/25/10. A second one was performed on 11/16/10. There is note on the

chart that the patient achieved 50-60% pain relief for six weeks after the second procedure. There is pain in the left leg and weakness demonstrated in the knee extensors.

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

ODG require correlation of radiculopathy between the MRI scan and clinical findings. There is weakness in the leg and a herniation described on MRI scan. The 60% pain relief for six weeks fulfils the criteria for repeating an epidural steroid injection. It is reasonable and necessary to perform the requested procedure.

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.)