



# MedHealth Review, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** 5/13/11

**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 2<sup>nd</sup>.

**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 agrees with the previous adverse determination regarding the prospective medical necessity of a lumbar epidural steroid injection 2<sup>nd</sup>.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

According to available medical records, this female injured herself in multiple areas in a work related accident on xx/xx/xx. She reportedly caught her right foot on an electrical cord and twisted to the right. She apparently struck a nearby equipment cart. Records indicate that she felt a pop, swelling, pain, and bruising in the region of the right knee and lower back. She was initially treated in an emergency room with a knee splint and

then brace, pain medications, and crutches. An MRI of the right knee performed on April 19, 2010 reportedly showed a grade I anterior cruciate ligament strain without laxity and a small joint effusion. She ultimately underwent surgery on her right knee on November 5, 2010. Postoperatively, she received physical therapy.

On June 27, 2010, an MRI scan of the lumbar spine was performed. This showed a broad-based 2 millimeter disk protrusion at the L4-5 level with a 3 millimeter central and to the left paracentral component causing mild central canal stenosis and potential L5 nerve root impingement, left greater than right. At the L5-S1 level, there was said to be disk protrusion measuring 1 millimeter to the right and 2 millimeters to the left of the mid line. There was also hyper intensity on T2 images noted in the left posterolateral zone, suggesting that the protrusion was acutely irritated. Mild to moderate neural foraminal stenosis was also described. There is no indication of the amount of discomfort the patient experienced in the back area and no indication of early treatment of her back symptoms.

Following her knee surgery, the injured worker was entered into a physical therapy program and apparently noted an increase in back pain while undergoing therapy for her knee. Evaluation by M.D. on January 25, 2011 indicated that there was tenderness to palpation with palpable spasm noted from L3 to L5 as well as SI joint tenderness. No pathologic reflexes were identified. A diagnosis of "lumbar spine strain and herniated nucleus pulposus with bilateral lower extremity radicular symptoms" was made. Sacroiliac joint strain and sacroiliitis were also described. Dr. at that time recommended consultation with D.O. for consideration of back injections.

On February 8, 2011, D.O. evaluated the injured worker and noted that she was experiencing lower back pain with radiation to both legs. His examination showed tenderness to palpation from L3 to L5 bilaterally with associated muscle spasm and tenderness over the left sacroiliac joint. MRI findings were noted. Dr. diagnosed a lumbar radiculopathy secondary to lumbar disk injury at the L5-S1 level and recommended L5 epidural steroid injections.

On March 3, 2011, Dr. performed lumbar epidural steroid injections. His follow-up note dated March 22, 2011 revealed that the injured worker got excellent results in about ten days. Dr. stated that the injured worker was not experiencing leg pain, but was noting that her back pain was returning. He noted that she had increased her activity level, lost five pounds, and continued on therapy. His examination at that time revealed that there was back pain with forward flexion but no signs of radiculopathy. Continued paravertebral muscle spasm was described as well as tenderness from L3 to L5. Dr. recommended repeat epidural steroid injections to eliminate the remaining discogenic back pain and maximize the chances of a successful work conditioning program.

The medical record contains two letters of denial of requested second injections, the first dated March 25, 2011 from, M.D. and the second from, D.O. dated April 12, 2011.

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

According to records presented for review, this worker injured her back in a work related accident on. Early treatment of her low back injury was not described in available medical records but MRI studies did show evidence of disk protrusion at L4-5 and L5-S1. Apparently, her back symptoms increased while the injured worker was

undergoing postoperative therapy for her right knee injury in the winter months of 2010 and 2011. Examination findings from treating physicians indicated that there was spinal tenderness and paravertebral muscle spasm, but no other significant findings on physical examination. She did have an epidural steroid injection although she had no documented signs of radiculopathy on March 3, 2011. Her leg symptoms resolved following the injection, but she experienced increased back pain at ten days following the injection and there is no quantification as to the extent or intensity of the back pain, no indication of how long exactly the back pain has lasted, and no indication that there are clinical signs of radiculopathy.

A second injection does not meet ODG Treatment Guidelines for the following reasons:

1. No radiculopathy is or has been documented in available medical records. The ODG Guidelines clearly state that "radiculopathy must be documented." There is no evidence of reflex change, sensory loss, weakness, or electrophysiologic changes which would support or have supported the diagnosis of radiculopathy and clearly there is no evidence of radiculopathy at this time as documented by the treating physician.
2. According to available records, this patient is currently in the "therapeutic phase" of treatment with epidural steroid injections. The first injection resolved the leg symptoms, but records indicate that the back pain began returning at about ten days following injection. There is no documentation in the record that the initial injection produced 50% to 70% relief of her pain lasting six to eight weeks.

According to ODG treatment guidelines, this injured worker does not meet criteria for a repeat lumbar epidural steroid injection. Therefore, the requested procedure is found to be not medically necessary 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)