



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 05/21/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar epidural steroid injections, L5/S1

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering lumbar spine injury

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:

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a male who suffered an injury to both knees and his lumbar spine on xx/xx/xx. He was apparently suspended by some type of harness when a strap broke, and pipes struck his knees bilaterally. He then fell back, suffering strain/sprain of his lumbar spine. He has had pain from the lumbar spine radiating into both lower extremities. He has had some weakness in both lower extremities as a result of both knee pain and low back pain. He has utilized walking aids including crutches and cane as a result of knee pain and lumbar pain. He has had several evaluations. No clear radiculopathy has been demonstrated. He has no reflex abnormalities. Straight leg raising tests have been, for the most part, negative. Request to preauthorize lumbar epidural steroid injections at the level of L5/S1 has been considered and denied, reconsidered and denied.

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

The ODG 2011 Low Back Chapter passage on epidural steroid injections has clear statement that radiculopathy must be documented by objective physical findings and/or electrodiagnostic studies. Neither are present in the medical information submitted with this appeal request to preauthorize epidural steroid injections at the level of L5/S1. It would appear that in the absence of objective physical findings and/or electrodiagnostic studies to confirm radiculopathy, the prior denials of this request to preauthorize epidural steroid injections were appropriate and should be upheld.

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, 2008, Cervical Spine Chapter, Discography passage.
- 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.)