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**Notice of Independent Review Decision**

**DATE OF REVIEW:** 4-25-2011

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of lumbar epidural steroid injection number two with fluoroscopy and anesthesia.

**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. This 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 lumbar epidural steroid injection number two with fluoroscopy and anesthesia.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

According to available medical records, this male was injured in a work-related accident on xx/xx/xx. Records indicate that he was when he slipped off and fell to the ground. He developed constant throbbing, aching pain in his lower back radiating to the right lower extremity at the time of his accident.

MRI studies of the lumbar spine performed on July 14, 2010 reportedly showed a 3 to 4 millimeter focal left paracentral disk substance protrusion mildly indenting the thecal sac at the L5-S1 level. Apparently, early treatment for this patient included two to three months of physical therapy, medications, and ten sessions of work hardening. The first medical record I have available to me is dated February 15, 2011 and indicated that injured worker was complaining of moderate to severe pain. He was taking Advil and ibuprofen. His examination revealed that he was 71 inches tall and weighed 280 pounds. Straight leg raising was positive on the right at 45°. He was said to have normal reflexes, sensation, and strength. MRI findings were noted. Diagnostic and therapeutic epidural steroid injections were recommended at the L5-S1 level.

A report from M.D. dated March 16, 2011 indicated that the injured worker had had a lumbar epidural steroid injection on March 9, 2011 and this had produced greater than 50% relief of his pain. The complaints of numbness, tingling, and weakness in his right leg had improved, but he continued to have right hip pain. A second epidural steroid injection was recommended "since he still has evidence of lumbar radiculitis."

On March 23, 2011, a medical necessity evaluation was performed and it was felt that lumbar epidural steroid injections were not indicated or consistent with ODG Treatment Guidelines because a radiculopathy had never been documented.

On March 31, 2011, D.O. noted that the injured worker had received the first epidural steroid injection and obtained greater than 50% relief of symptoms. At that time, pain was 3.5 out of 10 on a Visual Analog Scale without use of medications. Occasional numbness, tingling, and weakness as well as right hip pain were reported. The examination of the injured worker at that time was said to show an antalgic gait, positive straight leg raise on the right at 60°, but normal strength, reflexes, and sensation.

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

Recommend denial of the requested service. This injured worker had a work related accident documented in medical records on xx/xx/xx. The reported injury was to the lumbar spine. MRI studies demonstrated a focal disk protrusion to the left at the L5-S1 level. The injured worker received two to three months of physical therapy, medications, and work hardening, but continued to complain of back pain radiating to the right lower extremity with associated numbness, tingling, and weakness. His physical examination was said to show an antalgic gait and limited range of motion of the lumbar spine, but normal reflexes, sensation, and strength in the lower extremities. There was never an indication of myotomal weakness, dermatomal sensory loss, or reflex abnormality. Imaging studies showed a focal disk protrusion at the L5-S1 level to the left although the injured worker's symptoms of radiating pain are to the right. No electrodiagnostic studies are available in this medical record.

Because there is no objective evidence of radiculopathy presented in this medical record, this injured worker does not meet criteria for use of epidural steroid injections. In the cervical area, "diagnostic" epidural steroid injections can be administered for the purpose of determining the pain generator, but in the lumbar area, ODG Guidelines state that a radiculopathy must be documented in order to use epidural steroid injections for both diagnostic and therapeutic purposes. Because there is no objective evidence of radiculopathy (objective weakness, sensory loss, reflex changes) on physical examination or corroborative evidence on imaging studies or electrodiagnostic testing, criteria for lumbar epidural steroid injections are not met in this injured worker.

**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 KNOWLEDGBASE
- 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)