



Southwestern Forensic  
Associates, Inc.

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 09/21/11

**IRO CASE #:**

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

Caudal epidural steroid injection

**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)

Medical necessity has not been demonstrated for ODG for the requested procedure.

**INFORMATION PROVIDED FOR REVIEW:**

1. Coventry URA notes, 7/25/11 to 8/12/11
2. MD, office notes, 10/6/09 to 8/23/11
3. Memorial Surgical Center, ESI, 10/20/09
4. Imaging Center, Lumbar MRI, 1/20/08
5. Universal MRI, Lumbar MRI, 11/28/02
6. Oaks Imaging, Lumbar Myelogram, 7/1/03

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This female was injured on xx/xx/xx resulting in back pain. Physical therapy, medications, and multiple epidural steroid injections were performed. On 07/05/11 a caudal epidural steroid injection was performed, which provided 50% pain relief. At an office on 08/23/11, the pain had returned to baseline levels.

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

ODG requires six to eight weeks of at least 50% pain relief to approve a second epidural steroid injection. By six-and-a-half weeks, the pain had returned. ODG are not met.

**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.)