



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 09/13/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar epidural steroid injection, L5/S1

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering chronic low back pain

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:

1. forms
2. Certification page
3. referral forms
4. Letters from Law Firm, 08/30/11, and 09/02/11
5. Denial letters, 08/02/11 and 08/15/11
6. Carrier records
7. ODG/TWC Low Back Pain Chapters, epidural steroid injection passage
8. Workers' Compensation verification for diagnostic and surgical procedures, 08/27/11
9. Clinical notes, M.D., 01/07/11, 07/21/11, 12/15/10, 07/20/11, 06/15/11, 03/09/11, 02/11/11, and 11/03/10
10. Operative report, 01/21/11, epidural steroid injections performed
11. Fax cover sheet, 08/27/11
12. EMG/nerve conduction study, 12/01/10
13. Requestor records, URA records and urgent request for medical records, 08/30/11

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injured employee is a male who was involved in a motor vehicle accident on xx/xx/xxxx. He suffered multiple injuries resulting in diagnoses of brachial neuritis, lumbar sprain, cervical strain, cervicgia, muscular weakness, and left leg sciatica. He has had evaluations on a periodic basis leading to additional diagnoses of radiculopathy at L5/S1 and degenerative disc disease with herniated nucleus pulposus at L4/L5 and L5/S1. He underwent a laminectomy at L5/S1 in the past for lumbar canal stenosis, and this is confirmed on an MRI scan. On 01/21/11 as a result of persistent low back pain and left leg sciatic pain, lumbar epidural steroid injection was performed by M.D. This injection resulted in little or no clinical symptomatic benefit as documented in the clinical note dated 02/11/11. A request has been submitted for a second lumbar epidural steroid injection. This request was denied, reconsidered and denied.

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

The initial lumbar epidural steroid injection performed 01/21/11 did not result in significant symptomatic relief. As such, the criteria for a second lumbar epidural steroid injection have not been met. Medical necessity for a second lumbar epidural steroid injection has not been established. The prior denials 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
- 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.)