

Notice of Independent Review Decision

**DATE OF REVIEW:** 02/13/12

**IRO CASE #:**

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

Lumbar epidural steroid injection at L4/L5

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., board certified in Neurology with Added Qualifications in Pain Management, fellowship trained in Pain Medicine

**REVIEW OUTCOME:**

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)  
 Overturned (Disagree)  
 Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

1. Certification of independence of the reviewer
2. TDI case assignment
3. Letters of denial dated 01/25/12 and 01/06/12 including criteria used in the denial
4. Treating doctor's evaluations and follow-up notes dated 09/06/11, 09/12/11, 09/26/11, 12/19/11, and 01/12/12.
5. MRI scan of lumbar spine, 10/07/10

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>

			<i>Prosp.</i>						<i>Overtun</i>
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**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The claimant sustained a work-related injury on xx/xx/xx and has ongoing pain complaints including lower back pain with some radicular symptoms into the leg. An MRI scan of the lumbar spine reportedly showed a disc protrusion at L4/L5 along with some mild facet joint hypertrophy and possibly some periligamentous edema. The claimant has been treated conservatively with membrane stabilizer such as gabapentin, analgesics including opioids, physical therapy, and work hardening, etc. Because the claimant has continued to report radicular symptoms and has findings on examination of nerve root impingement as well as sensory loss in a dermatomal pattern along with findings of complex regional pain syndrome including swelling in the involved lower extremity, a course of lumbar epidural steroid injection has been recommended.

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

According to the latest progress notes from the treating physician for this claimant, she has a positive straight leg raise on exam along with moderate sciatic notch tenderness and is walking with an antalgic gait along with decreased pinprick sensation in the L5/S1 distribution on the right. A nerve root compression/irritation may result in these findings and may also be the source of an empathetically maintained pain syndrome such as complex regional pain syndrome. As the claimant has already undergone various more conservative treatment trials with partial improvement, it would be reasonable at this time to proceed now with a lumbar epidural steroid injection as requested for further treatment. Therefore, it is my opinion that this request is both medically reasonable and necessary.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:**

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
- AHCPH-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.

**INDEPENDENT REVIEW INCORPORATED**

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- \_\_\_\_\_ 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.)