



14785 Preston Road, Suite 550 | Dallas, Texas 75254
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Notice of Independent Review Decision

DATE OF REVIEW: 1/01/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

LUMBAR EPIDURAL STEROID INJECTION@ BILATERAL L5-S1 WITH FLUOROSCOPY.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

D.O. Board Certified in Anesthesiology and Pain Management.

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)



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INFORMATION PROVIDED TO THE IRO FOR REVIEW

Document Type	Date(s) - Month/Day/Year
Texas Department of Insurance Notice of Case Assignment	12/12/2011
Management, Inc Fax Cover Sheet	12/09/2011
Utilization Review Determinations	10/25/2011-11/25/2011
Independent Review Organization Summary	12/15/2011
Management, Inc. Notices of Disputed Issue	2/11/2010-11/01/2011
Bona Fide Job Offer	6/14/2010
Healthcare System Patient's Hospital Records	6/13/2010
Texas Workers' Compensation Work Status Report	6/17/2010-11/22/2011
Office M.D. M.D. Office Visit Notes	6/17/2010-11/18/2010 6/22/2010
Physicians' Contract Services Designated Doctor Note	8/11/2010
Rehabilitation Services of Industrial Occupational Rehabilitation Notes Weekly Team Conference	8/13/2010-9/01/2010 8/25/2010-10/13/2010
Initial Functional Capacity Evaluation	8/25/2010-9/27/2010
Ph.D. & Associates Environmental Intervention Notes	9/02/2010-10/13/2010
Health Initial WC Evaluation Re-Exam/ Dailey Notes	1/07/2011 2/10/2011-11/22/2011
M.D. Designated Doctor Evaluations	1/24/2011-8/31/2011
Institute for Spinal Disorders M.D. Clinical Note	5/04/2011
Diagnostics Office Visit Note	5/25/2011
Spine Initial Office Visit Progress Evaluations Surgery Pre Authorization Requests	5/24/2011 9/21/2011-11/10/2011 10/20/2011-11/17/2011
Memorial MRI & Diagnostic Electrodiagnostic Study	8/10/2011
Diagnostic Lumbar Spine X-Ray	10/13/2011
Medical Clinics, P.A. X-ray Report	4/23/2010



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PATIENT CLINICAL HISTORY [SUMMARY]

The patient is a male who had a work related injury on or about xx/xx/xx when he was at work. He was moving a very heavy box and it started falling and he tried to guide it as it fell so it would not hit him. While trying to stop the box from falling, he twisted his back and subsequently felt pain in his lower back radiating down his left leg. He subsequently was seen, x-rayed, and treated conservatively with pain medications, muscle relaxants and a medrol dose pack. Patient did not report any improvement with these conservative measures. MRI was performed on 6/20/10. MRI report showed 4-5 mm posterocentral, slightly inferiorly directed disc herniation @ L-5-S-1, without mass effect upon the thecal sac or S1 root sleeve, mild disc dessication without disc height loss. The patient underwent epidural steroid injection with improvement that lasted less than a week, subsequently had a repeat epidural steroid injection with 70% improvement that lasted for two weeks. Also the patient underwent physical therapy with no improvement of his symptoms. FCE was done on 8/25/10. The assessment revealed that the patient was tolerating work with a light to medium PDC category. A repeat MRI was done which showed focal disc protrusion @ L-5 S-1 measuring 4.6 mm without any nerve root displacement and minimal canal stenosis. On 8/10/11 an EMG was performed showing L4 radiculopathy and S1 radiculopathy. The patient at the present time continues to complain of back and left leg pain with new symptoms on the right side.

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

The patient had two epidural steroid injections (ESI) with good relief, but the relief was short-lived. According to ODG guidelines, to be able to repeat the epidural steroid injection in the diagnostic or therapeutic phase the relief should be between 50 – 70% and should last between 6-8 weeks. In this particular case, this was not achieved, so bilateral ESI at L5-S1 is not certifiable.

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 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 JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES



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- 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