



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

**DATE OF REVIEW:** 1/11/2012

**IRO CASE #:**

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

OUTPATIENT LUMBAR EPIDURAL STEROID INJECTION L5-S1 WITH FLUOROSCOPY.

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

DO 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)

THIS IS A FEMALE INJURED AT WORK ON xx/xx/xx SECONDARY TO MOTOR VEHICLE ACCIDENT. SINCE INJURY, PATIENT HAD LEFT SHOULDER ARTHROSCOPY ON 07/26/2002 AND 01/26/2011, RIGHT KNEE ARTHROSCOPY ON 02/14/2003 AND LUMBAR FUSION L4-5 ON 11/21/2003.

PRESENTLY PATIENT IS COMPLAINING OF SEVERE LOW BACK PAIN AND BILATERAL LEG PAIN WORSE ON THE LEFT THAN RIGHT. ON MOST RECENT PHYSICAL EXAM DATED NOVEMBER 1, 2011, PATIENT SHOWED TENDERNESS IN MID LOWER LUMBAR REGION WITH DECREASED RANGE OF MOTION ON FLEXION AND EXTENSION. STRAIGHT LEG RAISE TEST WAS POSITIVE BILATERALLY LEFT WORSE THAN RIGHT, POSITIVE MOTOR WEAKNESS, DEEP TENDON REFLEXES BLUNTED IN HER PATELLA AND ¼ IN ACHILLES.

PATIENT IS USING CANE FOR AMBULATION, AND UNABLE TO "HEEL TO TOE" WALK. PATIENT DID UNDERGO CONSERVATIVE THERAPY, HOME THERAPY AND MEDICATION (LORTAB TID, ZANAFLEX BID, NEURONTIN, AND ARTHROTEC). MRI OF LUMBAR SPINE ON 11/26/2001 WITH AND WITHOUT CONTRAST SHOWED L4-5 AND



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L5-S1 HERNIATED DISC. PATIENT DID RECEIVE PREVIOUS LUMBAR EPIDURALS WITH TEMPORARY SUCCESS.

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

SINCE PATIENT HAS A HISTORY OF LOW BACK PAIN AND POST LAMINECTOMY SYNDROME, AND WITH CONTINUED SYMPTOMS OF BACK PAIN AND BILATERAL RADICULAR PAIN WITH THE LEFT WORSE THAN THE RIGHT (SUPPORTED BY PHYSICAL EXAM DATED 11/1/2011), AND POSITIVE FINDINGS ON MRI, AND HAS FAILED CONSERVATIVE THERAPY (MEDICATIONS AND HOME THERAPY), A LEFT ESI AT L4-5 AND L5-S1 IS CERTIFIABLE.



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**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
- 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: