



## Medwork Independent Review

5840 Arndt Rd., Ste #2  
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Fax: 715-552-0748  
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### *NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC*

**DATE OF REVIEW:** 10/7/2013

**IRO CASE #:**

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

Lumbar epidural steroid injection at L5-S1 under fluoroscopic guidance, epidurography and lysis of adhesions.

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

Texas State Licensed MD Board Orthopedic Surgeon

**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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**



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### **PATIENT CLINICAL HISTORY:**

The xx-year-old was noted to have slipped and fallen backward from a height with one of his legs bent under him. He had been diagnosed with a combination of disk displacement and radiculopathy. The treating provider's records were reviewed.

The records reveal that as of xxxxx, the exam findings revealed "radiculopathy, changes in sensation, reflex changes, and muscle weakness was noted. The patient's MRI revealed multilevel stenosis, most notable at L4-L5 and L5-S1." "Conservative care, including oral anti-inflammatories, activity modifications, and physical therapy" were noted to have failed with the imaging study, corroborating the physical exam findings.

In addition, the xxxxx, dated MRI of lumbar spine was noted to reveal multilevel disk desiccation, a protrusion and herniation at L2-L3 was noted, spondylosis with mild stenosis at L3-L4 was noted, and at L4-L5 a disk protrusion and osteophyte complex with moderate facet arthropathy causing moderate stenosis was noted. Minimal anterolisthesis of L5 relative to S1 was felt present with disk protrusion, facet arthropathy, and moderate stenosis having been noted.

The patient was noted to have had minimal overall improvement, including medications, most recently of ibuprofen and benazepril, along with physical therapy. Exam findings were noted to reveal that the patient had an antalgic gait and was obese, with moderate restriction of lumbar motion. Weakness was noted at the left knee, including with flexion and extension grade 4/5. Left L5 sensation was noted to be decreased. There was noted to be straight leg raising causing back pain on the right and posterior thigh pain on the left.

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

The patient does appear to have clinical findings supported and/or corroborated by the MRI findings, and there does appear to have been a failure of non-operative treatment. The request, however, in addition for an epidural steroid injection, includes a specific request for a lysis of adhesions.

The combination of clinical and imaging findings, do not corroborate significant overall adhesions. In addition, although the guidelines would typically support an epidural steroid injection, the guidelines for adhesiolysis reveal that it is typically not supported due to the lack of sufficient literature evidence. Therefore, the aggregate of requests cannot be supported at this time, and cannot be considered reasonable and/or medically necessary, as it does not comport with the applicable *Official Disability Guidelines*.

The denial of these services is upheld.



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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 (PROVIDE A DESCRIPTION)