



## Medwork Independent Review

5840 Arndt Rd., Ste #2  
Eau Claire, Wisconsin 54701-9729  
1-800-426-1551 | 715-552-0746  
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### *NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC*

Date: January 15, 2013

#### **IRO CASE #:**

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

L5-S1 central epidural steroid injection

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

Texas State Licensed MD Board Certified Orthopedic Surgeon & Spine 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**

1. Texas Dept of Insurance Assignment 12/31/2012
2. Notice of assignment to URA 12/21/2012
3. Confirmation of Receipt of a Request for a Review by an IRO 12/31/2012
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 12/31/2012
6. Letter from department of insurance of Texas to attorneys at law 12/31/2012, medical letters from back and neck institute 12/14/2012, medical notes from physician not dated, chiropractor daily sheet 11/29/2012, medical documents from imaging facility 10/25/2012, appeal determination 10/24/2012, chiropractor daily sheet 10/18/2012, medical letters from back and neck institute 10/16/2012, utilization review determination 10/11/2012, rehabilitation notes 09/28/2012, 09/25/2012, medical letters from back and neck institute 09/24/2012, 09/17/2012, rehabilitation notes 09/12/2012, 09/11/2012, medical documents not dated, medical documents from imaging facility 08/17/2012, medical documents from MRI 06/25/2012, medical documents from imaging facility 05/07/2012, medical notes from hospital 04/26/2012.

#### **PATIENT CLINICAL HISTORY:**



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The patient is a male who has been well documented to have back pain. He was seen on 12/14/2012. The patient is noted to have left lower extremity pain radiating the "posterior left calf and the lateral and anterior left foot. There is tingling sensation in this area as well." Exam findings revealed tenderness at the lumbar paravertebral musculature with the lower extremities being "neurologically intact." MRI from 10/25/2012 was noted to reveal a disk bulge at L4-L5 and L5-S1 centrally. In the assessment included that of a lumbar sprain. The diagnostic/therapeutic left L5-S1 epidural injection was felt indicated per that provider.

The MRI from 10/25/2012 revealed findings of mild disk bulges at L4-L5 and L5-S1, "without any significant central canal or neuroforaminal narrowing." The hard documentation from the treating provider was reviewed as was documentation from the chiropractor in particular. Prior denials discussed the lack of objective finding of radiculopathy corroborated by imaging findings.

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

In this case, the patient does not have objective findings of clinical radiculopathy on examination as corroborated either by imaging and/or electrodiagnostics. The ODG guidelines which are applicable in this case essentially reflect the aggregate of clinical guidelines and do not support the requested injection in cases such as this in which there are not objective findings of radiculopathy supported by imaging and/or electrodiagnostics. Therefore, at this time, criteria has not been met for the requested L5-S1 central epidural steroid injection and it cannot be considered reasonable or medically necessary at this time based on clinical guidelines including the ODG.

The denial of 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)