



## Medwork Independent Review

5840 Arndt Rd., Ste #2  
Eau Claire, Wisconsin 54701-9729  
1-800-426-1551 | 715-552-0746  
Fax: 715-552-0748  
Independent.Review@medworkiro.com  
[www.medwork.org](http://www.medwork.org)



Date: May 21, 2013

### *MEDWORK INDEPENDENT REVIEW WC DECISION*

**DATE OF REVIEW:** 5/16/2013

**IRO CASE #:**

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

Bilateral L5-S1 transforaminal 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 to Medwork 5/7/2013,
2. Notice of assignment to URA 5/6/2013,
3. Confirmation of Receipt of a Request for a Review by an IRO 5/7/2013
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 5/7/2013  
Notice of utilization review findings 5/6/2013, letter from physician 4/22/2013, notice of utilization review findings 4/7/2013, medical documents from pain and spine center 3/26/2013, 3/12/2013, MRI findings from center for sports medicine 3/6/2013, medical documents from pain and spine center 2/20/2013, 2/18/2013, 2/15/2013, 2/13/2013, 2/12/2013, 2/5/2013, 1/29/2013, 1/28/2013, 1/23/2013, 1/2/2013.

**PATIENT CLINICAL HISTORY:**

The patient has been well documented to be an approximately xx who was injured while working on xx/xx/xx. Reportedly while performing the described workplace activities pulling on a drawer, he had the drawer strike the shoulder and he lost balance and he fell. The patient has complained of low back pain that has persisted with associated sciatica. The patient has been



## Medwork Independent Review

5840 Arndt Rd., Ste #2  
Eau Claire, Wisconsin 54701-9729  
1-800-426-1551 | 715-552-0746  
Fax: 715-552-0748  
Independent.Review@medworkiro.com  
[www.medwork.org](http://www.medwork.org)



noted to have been treated with medications, restricted activities, and extensive physical therapy. The most recent provider records include an appeal letter dated 04/22/2013. The patient has had persistent low back and bilateral leg pain. Examination findings were reported to reveal a positive straight leg raise at the L5-S1 dermatomal distribution, along with a positive slump test. Weakness of the lower extremities was noted as well as decreased range of motion overall. The patient was noted to have an MRI that was dated 03/06/2013. This was reported as multilevel degenerative spondylosis of the lumbar spine with L5-S1 anterolisthesis and chronic spondylolysis. There was bilateral neural foraminal narrowing of moderate to severe nature at the L5-S1 level.

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

The applicable clinical guidelines support a consideration for an epidural steroid injection lumbar when there is objective evidence of clinical radiculopathy corroborated by either imaging studies and/or electrodiagnostics. In this case, the patient has not had objective abnormalities of abnormal dermatomal sensory distribution, any abnormal deep tendon reflexes, or any myotomal distribution of weakness in the lower extremities. Therefore, without objective clinical evidence of radiculopathy on physical examination, applicable ODG criteria have not been met and the patient does not have a documented medical necessity for the request. At this time, denials are recommended to be upheld.

The denial of these services is upheld.

### **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



## **Medwork Independent Review**

5840 Arndt Rd., Ste #2  
Eau Claire, Wisconsin 54701-9729  
1-800-426-1551 | 715-552-0746  
Fax: 715-552-0748  
Independent.Review@medworkiro.com  
[www.medwork.org](http://www.medwork.org)



- 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)**