

**DATE: 07/03/14**

Notice of Independent Review

**DATE NOTICE SENT TO ALL PARTIES: 07.03.14**

**IRO CASE #:**

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

M.D., board certified in Neurology with Added Qualifications in Pain Management, fellowship trained in Pain Medicine

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

Right transforaminal epidural steroid injection at the L3-L4 level with IV sedation

**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)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
	<i>RT Transforaminal Inj. L3-4 w/ Steroid/IV Sedation</i>		<i>Prosp.</i>				<i>Xx/xx/xx</i>		<i>Upheld</i>

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

1. TDI case assignment
2. Initial letter of denial, 05/05/14, including criteria used in the denial
3. Reconsideration, 06/02/14
4. Medical records and notes
5. Attorney letter with exhibits

**PATIENT CLINICAL HISTORY (SUMMARY):**

This claimant sustained an injury on xx/xx/xx. The diagnosis has been lumbar radiculopathy. He has a history of surgical decompression, physical therapy, and epidural steroid injections. He has complained of increasing symptoms traveling down the upper portion of his right leg, involving the thigh, to the knee. There were no motor deficits noted. An MRI study from 04/02/14 shows multilevel spondylosis, including moderate-to-severe central stenosis noted at L3-L4 due to a combination of short pedicles and hypertrophy of the ligamentum and facet joints.

**ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

I agree with the reasoning by the first two reviewers who denied this request. Not only has this condition proven to be chronic, lasting well over two years at this time, but the Official Disability Guidelines clearly indicate that epidural steroid injections are not considered effective with spinal stenosis, as is demonstrated in this case on MRI.

**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 judgment, clinical experience and expertise in accordance with accepted medical Standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Office 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)