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Notice of Independent Review Decision

**DATE OF REVIEW: 5/06/2014**

**IRO CASE #**

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

Outpatient bilateral L5-S1 Epidural Steroid Injection.

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

**D.O. 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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**


**PATIENT CLINICAL HISTORY [SUMMARY]:**

Patient is a female who was injured on the job on xx/xx/xx. At the time of injury, patient was diagnosed with radiculopathy and lumbago. Since her injury, patient has been treated with medications, physical therapy, and psychotherapy with little relief. Patient had an MRI in 2010 that showed L5-S1 disc desiccation. Patient had multiple ESIs with the last one providing 70% relief lasting for 3 month. The last medical record provided dated 02/17/2014 showed the patient continues to complain of low back pain. Patient is taking Flexeril, Lyrica, and Tramadol. On physical exam, patient had positive leg raise test at 30 degrees, tenderness over midline, greater



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trochanter, and bilateral SI joints. There is tenderness over bilateral L2-S1 paravertebral area and facet joints.

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

Per ODG references, the requested "Outpatient bilateral L5-S1 Epidural Steroid Injection" is not medically necessary. There was no clear delineation of a radiculopathy on physical exam. The physical exam was positive and encompassing so many different symptoms without any recent imaging to support the findings.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- 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