



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC

DATE OF REVIEW: 8/4/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

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 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.

PATIENT CLINICAL HISTORY:

The patient of the treating provider has been documented to be an individual. The individual was injured in xx of xxxx in an unrelated injury mechanism. After diagnosis of lumbar disk displacement, the individual underwent a laminectomy and dural grafting on the left at L3-L4. Postoperative treatments included therapy.

The individual was noted to have postoperative persistent pain with radiation into the left buttock and anterior thigh and overall, in an L4 distribution including to the medial aspect of the tibia. Exam findings included positive straight leg raising on the left. Sensation was diminished in the left anterior thigh. Motor strength was 4+ out of 5 weakness at the left tibialis anterior. MRI findings from April 17, 2015 included some foraminal stenosis on the left at L3-L4 along with postoperative changes along with some areas of disk bulging. The individual was considered for an epidural steroid injection. The clinical records were reviewed in detail from the spring and summer of 2015.

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

The individual does have persistent clinical findings of lumbar radiculopathy with radiation into the L4 distribution. The objective clinical radiculopathy has been well documented. The MRI



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findings reasonably corroborate the findings to becoming from likely the level of the considered epidural steroid injection at L3-L4. Therefore, with objective findings of clinical radiculopathy corroborated by imaging and failed reasonable less invasive treatments, the request for the epidural steroid injection is reasonable and medically necessary based on ODG criteria referenced below.

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)