



**Notice of Independent Review Decision - WC**

**IRO REVIEWER REPORT – WC**

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**DATE OF REVIEW:** 01/27/15

**IRO CASE #:**

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

Interlaminar Epidural Steroid Injection L4-L5

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

Board Certified in Orthopedic Surgery

**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:**

- Interlaminar Epidural Steroid Injection L4-L5 - Upheld

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant was apparently injured at work on xx/xx/xx by falling, twisting her left ankle, falling onto her knees. Her shoulder, neck, and low back were noted to be affected as well. She received conservative treatments which include physical therapy, medications, and ESIs. Multiple diagnostic studies were performed, including MRI's and EMG/NCV. She was placed at MMI on 10/31/14 with a 4% whole person impairment.

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

The medical record provided noted a normal EMG study and the records did not document a positive neurological finding correlating with the L4-L5 level. Therefore, an interlaminar epidural steroid injection at the L4-L5 level is not medically necessary within Official Disability Guidelines recommendations, lacking a physical examination focal neurologic deficit that correlates with the imaging findings and as the electrical study is negative.

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

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**