



Medwork Independent Review

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MEDWORK INDEPENDENT REVIEW WC DECISION

DATE OF REVIEW: 6/8/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right L5-S1 transforaminal epidural steroid injection with IV sedation.

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 was noted to have been injured in xxxx. The submitted records reveal that the patient had been "pushed backwards to a gate." It was noted that low back pain developed immediately. He was treated emergently and then underwent a week later a lumbar spine MRI on January 15, 2014. That report showed no evidence of stenosis. A repeat MRI 6 months later on July 21, 2014 also revealed no stenosis. A CT scan revealed on January 17, 2014, a disk bulge at L4-L5 with ligamentum hypertrophy. The clinical records were reviewed, revealing as of 04/01/2015 for example ongoing right lumbar pain with radiation to the ankle, which had progressively worsened and with a progressive decline in ability to ambulate. This is despite treatment with medications and physical therapy. Radiculopathy was noted to have been found "at the L5-S1 distribution." There was noted to be weakness of tibialis anterior bilaterally with a positive tension sign and depressed bilateral patellar reflexes were noted. The gait was antalgic. The notes reveal that the prior right EHL/peroneal strength was 4 and the current right EHL/peroneal strength was 3+. The prior left EHL/peroneal strength was 5 minus with current left EHL/peroneal strength being 5.

The absence of right knee reflex was noted compared to the prior being a hyper. The prior left knee reflex was hypo and the current left knee reflex was absent. Light touch was noted to have been normal for all dermatomes. The interpretation of the MRI by the treating provider had revealed evidence of L5-S1 compromise with degeneration of the superior articulating facette



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and narrowing at L5-S1 recess. The presentation was felt to be commensurate with L5-S1 nerve root impingement with significant weakness right leg. The results of the MRI and CT were discussed at that time. Subsequently prior and subsequent records were also reviewed. The denials revealed a lack of objective radiculopathy and the lack of indication for IV sedation due to the lack of the anxiety.

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

The ODG guidelines referenced below include the 4 epidural steroid injections. The indication for the injection at the L5-S1 level is supported. The documented progression of neurologic abnormalities according to the treating provider coupled with the imaging findings overall, do reasonably support especially based on the weakness of the motor power that there is an overall supported radiculopathy. There clearly is a different interpretation between the radiologist and the treating provider and this coupled with the findings on neurologic exam, including progression supports the plausible interpretation of positive radiculopathy. The abnormality at L4-L5 may well reasonably show contiguous impingement at the central cord and may well be resulting in weakness in the L5-S1 distribution associated with radiculopathy. Therefore, at this time, the request is reasonable and medically necessary and should be supported overall provoked diagnostic and therapeutic purposes. The request is medically reasonable and necessary in conjunction with the overall intent of the ODG guidelines epidural steroid injection.



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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)