

***IRO Express Inc.***  
***An Independent Review Organization***

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## ***Notice of Independent Review Decision***

*Case Number:*

*Date of Notice:* 03/09/2016

### ***Review Outcome:***

***A description of the qualifications for each physician or other health care provider who reviewed the decision:***

Physican Medicine And Rehab

### ***Description of the service or services in dispute:***

Left L5 Transforaminal Epidural Steroid Injection

***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)

### ***Patient Clinical History (Summary)***

The patient is a male who has a chief complaint of low back pain. A follow-up visit note shows the patient complains of low back pain that radiates to the buttocks with some pain into the left lateral thigh region. Current medications include Tylenol with Codeine No. 4 300/60 mg every 6 hours. The patient's diagnoses are listed as cervical facet syndrome and lumbar radiculopathy. Prior treatments have included medial branch blocks, physical therapy and trigger point injections. An MRI of the lumbar spine shows the patient is status post discectomy and posterior fusion at L4-5 and L5-S1. Epidural fibrosis is suspected within the lateral recesses at L5-S1 and there is moderate left neuroforaminal stenosis at L5-S1. The treatment plan includes a left L5 transforaminal epidural steroid injection.

***Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.***

Official Disability Guidelines recommends epidural steroid injections for patients with radiculopathy evidenced by objective findings on examination and corroborated by imaging studies and/or electrodiagnostic testing who have failed to improve with conservative treatment. The most recent office visit note did not include a physical examination of the lumbar spine. As there was no physical examination noted, it is unclear if the patient has objective findings of radiculopathy. In addition, the MRI of the lumbar spine did not show any evidence of nerve root compression, abutment or displacement to warrant an epidural steroid injection. As such, the request for a left L5 transforaminal epidural steroid injection is non-certified.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- 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-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)