



## IRO REVIEWER REPORT – WC

**DATE OF REVIEW:** 04/18/16

**IRO CASE #:**

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

Repeat Lumbar Epidural Steroid Injection Bilateral L2, L5

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

Board Certified in Physical Medicine and Rehabilitation  
Board Certified in Pain Medicine

### **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:**

- Repeat Lumbar Epidural Steroid Injection Bilateral L2, L5 - Upheld

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

Claimant is a male who sustained low back injury while at work in XXXX. Claimant is status post L4-L5 fusion in XXXX, L3-L4 fusion in XXXX, and a spinal column stimulator placed in XXXX. Recent MRI revealed multilevel degenerative changes. Per the XX/XX/XX office visit note, bilateral L5 ESI performed on XX/XX/XX provided 70 percent relief, but has since had some increase in pain at the L2 area, and is requesting injections. Current physical exam notes positive nerve root tension and decreased ROM. Current medications include Norco, Cele/Bupivacaine/Cyclobenzapine Cream,

Tizanidine, Lidoderm Patch, Ms Contin, Levothyroxine, Lisinopril and Metformin. Treating physician is recommending additional ESI at bilateral L2 and L5.

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

Upon my review of the Official Disability Guidelines, the claimant's medical records, and the imaging information provided, the repeat lumbar epidural steroid injection bilaterally at L2 and L5 does not appear to be reasonable or necessary medically at this time. While the claimant did have some short-term response, this is a chronic longstanding problem and there is no evidence of acute flare that would justify repeat injection. Certainly ongoing intermittent injections are not likely to produce any significant long-term lasting functional benefit, and none has been documented. As such, the request is not considered to be reasonable or necessary, per the ODG.

**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**