



14785 Preston Road, Suite 550 | Dallas, Texas 75254  
Phone: 214 732 9359 | Fax: 972 980 7836

**DATE OF REVIEW: 2/10/2016**

**IRO CASE #**

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

Right TFESI, L5 and S1 with diagnostic radiculogram.

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

**D.O. Board Certified in Anesthesiology and Pain Management.**

**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)

**PATIENT CLINICAL HISTORY [SUMMARY]**

The patient is a male who had a work related injury on XX/XX/XX. Patient felt immediate onset of pain to his lower lumbar and continued to feel intense/severe low back pain with radiation to the right leg. Pain increases with walking and standing and decreases with oral medication. Patient underwent back surgery on XX/XX/XX followed with post-op therapy to include aquatic therapy on XX/XX/XX, but had minimal relief. Patient had epidural pain injection and activity modification after his surgery. Patient is currently on one Duloxetine 60 mg per day, one ampule of Milk Thistle per day, Baclofen 10 mg TID, and Gabapentin 400 mg TID. MRI done on XX/XX/XX showed L4-5 posterior 2 mm disc protrusion/herniation pressing on the thecal sac and narrows the medial aspect of the right, but not left neural foramen. At L3-4 level posterior, a 1-2 mm disc protrusion is pressing on the thecal sac narrowing the medial aspect of the neural foramen bilaterally.

Physical exam on XX/XX/XX revealed lumbosacral interspinal and paraspinal muscles are positive with tenderness over L3-4, L4-5, L5-S1 facet joints, sciatic notch and sacroiliac joints. Lumbosacral range of motion is painful/ restricted upon right lateral bending. Positive for pain with right sitting straight leg raise, low back pain down to the right leg. Patient's gait is antalgic.

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

Per ODG references, the requested "right TF ESI, L5 and S1 with diagnostic radiculogram" is not medically necessary. Although the patient has back pain with associated right radicular component, the MRI does not support TF ESI at L5-S1. On the MRI there is no disc bulge, herniation or neural foraminal narrowing at L5-S1. Specific dermatomal/ myotomal deficits attributable to nerve root impingement at the right L5-S1 were not noted. Therefore a right TF ESI at L5 and S1 with diagnostic radiculogram is not certifiable at this time.



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

- 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