



## IRO REVIEWER REPORT – WC

**DATE OF REVIEW:** 01/18/16

**IRO CASE #:**

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

Right L4-L5 Lumbar Epidural Steroid Injection

### **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:**

- Right L4-L5 Lumbar Epidural Steroid Injection - Upheld

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

The claimant was walking in a parking lot and was hit by a vehicle from behind, causing her to fall. She sustained injuries of the left arm/shoulder and back. Treatment to date includes diagnostics, mediations which are noted to help, physical therapy which is noted to not help, and previous ESI, which relieved pain for one week. She complains of continued severe pain and swelling to the left shoulder, and continued low back pain that radiates into right lower extremity. She states the pain is constant.

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

The medical records provided did not document a focal neurological deficit correlating with imaging findings for which an epidural injection would be indicated within Official Disability Guidelines recommendations, and this opinion is supported by the consultation performed where, on his physical examination, he indicated no neurological deficits and did not see issues warranting surgical treatment and recommended chronic pain management for myofascial pain syndrome. Therefore, the request does not meet ODG criteria, lacking specific neurological deficits correlating with an imaging finding at L4-L5 on the right.

**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**