

IRI - MEDICAL CASE REVIEW

Independent Review Incorporated, 1601 Rio Grande, Suite 420, Austin, Texas 78701. I have reviewed the medical information forwarded to me concerning TWCC Case #M2-02-0426-01, in the area of Anesthesiology and Chronic Pain Management. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Request for review: denial of translaminar epidural steroid injection.
2. Forté's correspondence and documentation.
3. Physician's records.

B. SUMMARY OF EVENTS:

The patient is a 51-year-old male who suffered a work-related back injury on _____. An MRI was performed on 4/16/01 and demonstrated an L2-3 disk herniation. The patient subsequently received two lumbar epidural steroid injections at the L2-3 level without significant improvement. On 11/15/01, Dr. Weiss, the treating physician, notes tingling in the left calf and recommends an L4-5 epidural steroid injection. Dr. Weiss indicates that the anatomic lesion is at L2-3, but that the inflammatory process is at L4-5 or is presumed to be.

C. OPINION:

1. I AGREE WITH THE DETERMINATION MADE BY UTILIZATION REVIEWERS, AS WELL AS THE FORTÉ REVIEW.
2. The Utilization Reviewers and the Forté reviewer suggests that the documentation is contradictory. I agree that the neurologic examination in the documents reviewed is not sufficient to support the diagnosis of a specifically involved nerve root causing a radiculopathy. Therefore, the diagnosis of an L4-5 radiculopathy is not documented, only speculated. On a practical level, epidural steroid injections at the L2-3 level are sufficient with local and systemic spread to treat L4-5 inflammatory radiculopathy. Obviously, prior injections did not resolve the patient's problem, and further injections would be of little value. Many pain and neurologic practitioners believe systemic steroids to be as effective as locally injected steroids.
3. Generally, the request and appeal do not satisfy the Texas Worker's Compensation Commission treatment guidelines which require adequate documentation.
4. In summary, the neurologic examination available does not support the diagnosis of an L4-5 radiculopathy. The data supplied does not support a physiologic justification for the proposed treatment. The results of the previous injections predict little benefit to the patient.

D. ADDITIONAL COMMENTS:

None.

E. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

Date: 13 May 2002