

July 1, 2005

REBECCA  
TEXAS WORKERS COMP. COMMISSION  
AUSTIN, TX 78744-1609

CLAIMANT: \_\_\_  
EMPLOYEE: \_\_\_  
POLICY: M2-05-1780-01  
CLIENT TRACKING NUMBER:

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**Records Received:**

RECORDS RECEIVED FROM THE STATE:

Notification of IRO Assignment dated 6/8/05, 10 pages

RECORDS RECEIVED FROM THE RESPONDENT:

Flahive, Ogden and Latson letters 6/9/05, 5/27/05, 7 pages

UniMed Direct LLC appeal notification date 5/4/05, 2 pages

Response to Request from IRO for records dated 6/15/05, 3 pages

Employer's first report of injury of illness dated 10/6/03, 1 page

Employee Statement 10/6/03, 1 page

First Report of Accident and Dispensary Pass dated 10/6/03, 1 page

Occu-Safe Patient Information 10/6/03, 1 page

Clinical note 10/6/03, 10/8/03, 10/20/03, 11/7/03, 11/17/03, 12/17/03, 12/29/03, 1/4/04, 15 pages

Employee Statement of Occupational Injury or Illness dated 10/6/03, 1 page

Texas Workers' Compensation Work Status Reports 10/6/03, 10/21/03, 11/6/03, 12/4/03, 1/6/04, 1/16/04, 3/2/04, 4/30/04, 5/4/04, 11 page

Procedure Notes 10/8/03, 10/20/03, 11/7/03, 12/17/03, 4/5/04, 5/28/04, 12/8/04 2/2/05, 3/31/05, 9 pages

Initial Evaluation and Treatment Recommendations 10/8/03

Physical Therapy Initial Evaluation 10/9/03, 3 pages

Daily Progress Notes 10/15/03, 10/21/03, 10/27/03, 11/6/03, 10/6/03, 10/4/03, 12/17/03, 12/29/03, 1/6/04, 1/7/04, 2/24/04, 3/2/03, 4/20/04, 5/12/05, 12 pages

Lumbar spine MRI report 10/22/03, 1 page

L/S spine X-ray report 10/27/03, 1 page

Neurological evaluation note 10/28/03, 3 pages

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Physical Therapy Note 10/29/03, 1 page  
Physical Performance Evaluation 11/3/03, 3 pages  
Brain MRI report 11/7/03, 1 page  
C-spine MRI report 11/7/03, 1 page  
Letter of causation 11/13/03, 1 page  
TWCC Payment of Compensation or Notice of Refused/Disputed Claim 11/26/03, 1 page  
Physical Therapy Reevaluation 12/1/03, 3 pages  
Neurosurgical Consultation Notes 1/7/04, 1/8/04, 3/22/04, 3/23/05, 13 pages  
Dr. Boyne's letters 1/12/04, 2/4/04, 2 page  
RME 1/16/04, 16 pages  
Employee's Notice of Injury or Occupational Disease and Claim for Compensation 2/13/04, 1 page  
Occupational Medicine Notes 3/2/04, 3/30/04, 4/30/04, 5/28/04, 11/9/04, 12/7/04, 1/4/05, 2/1/05, 3/1/05, 3/29/05, 17 pages  
Addendum to the c-spine MRI of 11/7/03 - 4/28/04, 1 page  
Nurse Case Manager Note 5/4/05, 1 page  
Report of MRI of lumbar spine 1/24/05 1 page  
Addendum of the cervical spine MRI of 11/7/03 - 4/28/04, 1 PAGE  
Report of cervical myelography and post myelography CT 8/16/04 1 page  
MRI of brain , 1 page  
MRI of lumbar spine 1/24/05, 10/22/03, 2 pages

RECORDS RECEIVED FROM ROBERT SUTHERLAND, MD:

Office Notes, 3/23/05, 3/22/05, 1/7/04, 13 pages

RECORDS RECEIVED FROM DR. RODGERS, DO:

RME Report 4/8/05, 4 pages  
Procedure reports 5/12/05, 1 page  
Neurosurgical followup office visit 3/23/05, 2 pages  
Impairment Rating 8/23/04, 3 pages  
Recheck visit notes 2/1/05, 5/24/05, 4/26/05, 3/29/05, 3/31/05, 3/1/05, 2/2/05, 1/4/05, 12/7/04, 10/12/04, 10/6/03, 8/17/04, 7/20/04, 6/25/04, 5/28/04, 3/30/04, Procedure Report 12/8/04, 10/15/04, 8/30/04, 7/20/04, 5/28/04, 4/5/04, 23 pages  
RME reports 9/23/04, 11/11/04, 18 pages  
TWCC 69 9/23/04, 1 page  
MRI of lumbar spine 1/24/05, 10/22/03, 3 pages  
LS spine x-ray report 10/8/03, 1 page  
Report of cervical myelography and post-myelogram CT scan 8/16/04  
Addendum to MRI of the cervical spine of 11/7/03, 2 pages  
Report of MRI of cervical spine 11/7/03, 2 pages  
Report of MRI of the brain 11/7/03, 1 page  
Telephone call note 1/17/05  
MRI over-read 1/24/05, 1 page  
Consultation Report 3/2/04, 2 pages

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**Summary of Treatment/Case History:**

The claimant is a 46 year old gentleman who allegedly suffered a workplace injury on \_\_\_\_.

Subsequently he developed low back pain with radiation to the right leg. Physical examination initially revealed positive straight leg raising on the right; however this apparently resolved after a short period of conservative treatment.. He received extensive conservative treatment including chiropractic treatment, physical therapy, trigger point injections etc. In December, 2004, he apparently underwent a cervical fusion. At this point, he primarily suffers from low back pain with radiation to both legs. Physical exam reveals diminution of pinprick sensation in the right L5 and S1 dermatomes but negative straight leg raising.

**Questions for Review:**

- 1) Pre-Authorization denied for Lumbar ESI – medically necessary?

**Explanation of Findings:**

- 1) Pre-Authorization denied for Lumbar ESI – medically necessary?

According to the submitted medical record, criteria #1 and #3, as listed below, are substantiated. The claimant has apparently undergone no previous epidural steroid injections. Therefore, the claimant can be said to satisfy these criteria and that a trial of one lumbar epidural steroid injection is medically necessary.

**Conclusion/Decision to Certify:**

Certify one lumbar epidural steroid injection.

**Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:**

Appropriate selection criteria for lumbar epidural steroid injections are:

- 1) Acute radiculopathy evidenced by pain radiating below the knee in a dermatomal distribution of one or more of the lumbar dermatomes, and
- 2) Reproduction of the radiating pain by straight leg raising to 70 degrees or less, or
- 3) Reproducible neurological abnormalities such as dermatomal sensory diminution or myotomal motor weakness on the side of the pain, or
- 4) Electrophysiological findings consistent with lumbar radiculopathy.
- 5) Any previous epidural steroid injections have provided significant and progressive improvement in the pain.

**References Used in Support of Decision:**

Papagelopoulos, et al. (2001). Treatment of lumbosacral radicular pain with epidural steroid injections. Orthopedics 24:145-9.

Buchner, et al. (2000). Epidural corticosteroid injection in the conservative management of sciatica. Clin Orthop 149-56.

Abram (1999). Treatment of lumbosacral radiculopathy with epidural steroids. Anesthesiology 91:1937-41.

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The physician providing this review is board certified in Anesthesiology. The reviewer holds additional certification in Pain Medicine from the American Board of Pain Medicine. The reviewer is a diplomate of the national board of medical examiners. The reviewer has served as a research associate in the department of physics at MIT. The reviewer has received his PhD in Physics from MIT. The reviewer is currently the chief of Anesthesiology at a local hospital and is the co-chairman of Anesthesiology at another area hospital. The reviewer has been in active practice since 1978.

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

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cc: Requestor  
Respondent