

October 10, 2005

[Claimant]

Re:    **MDR #:**            M2-05-2340-01            **Injured Employee:**    \_\_\_  
      **TWCC#:**            \_\_\_                            **DOI:**                    \_\_\_  
      **IRO Cert. #:**    5055                       **SS#:**                    \_\_\_

**TRANSMITTED VIA FAX TO:**  
**TDI, Division of Workers' Compensation Commission**  
Attention:  
Medical Dispute Resolution  
Fax: (512) 804-4868

**REQUESTOR:**  
John Bergeron, MD  
Attention: Cynthia  
Fax: (713) 868-1413

**RESPONDENT:**  
Service Lloyds Ins Co  
Attention: Robert Josey  
Fax: (512) 346-2539

Dear Mr. \_\_\_:

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned your case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of Independent Review, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is a board certified in Neurology and Pain Management and is currently listed on the DWC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the TDI, Division of Workers' Compensation Commission. This decision by Independent Review, Inc. is deemed to be a Commission decision and order.

## Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on October 10, 2005.

Sincerely,

Gilbert Prud'homme  
General Counsel

GP/dd

### REVIEWER'S REPORT M2-05-2340-01

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#### **Information Provided for Review:**

DWC-60, Table of Disputed Services, EOB's

From Requestor:

Office Notes 11/03/04 – 08/23/05

EMG 01/04/05

Radiology Reports 03/30/99 – 11/19/04

From Respondent:

Correspondence

Designated Reviews

Pain Management:

Office Notes 12/13/04 – 07/11/05

Neurosurgery:

Office Notes 04/06/99 – 08/12/99

OR Report 04/21/99

Ophthalmologist:

Office Visit 03/03/05

#### **Clinical History:**

This claimant, \_\_\_\_, sustained a work-related injury on \_\_\_\_, which has resulted in pain throughout different regions of the body, including lower back pain with radiation of pain and tingling down the left leg. He has had a previous lumbar disc herniation surgery with resolution of symptoms in the year 2000. Workup has included an EMG study that did document evidence of a left L5 radiculopathy, which was felt to be acute. MRI of the lumbar spine done on 11/19/04 is interpreted as showing some stenosis at the neuroforamen on the right at the L5/S1 level. Also noted is a disc protrusion towards the left at the L3/L4 levels. The patient, despite conservative

treatment attempts, continues to be symptomatic, and therefore lumbar epidural steroid injections have been recommended.

**Disputed Services:**

Bilateral L5/S1 epidural steroid injection.

**Decision:**

The reviewer disagrees with the determination of the insurance carrier and is of the opinion the services in dispute as stated above are medically necessary in this case.

**Rationale:**

It appears that this claimant has had radicular symptoms that onset after the work-related injury, which have not responded satisfactorily to other treatment measures. There is some discordance, however, between the EMG study and the imaging study, in that the electrophysiological testing shows acute lumbar radiculopathy on the left at L5 nerve root levels where the imaging studies show a left-sided disc protrusion at L3/L4, which would be expected to result in a possible L4 radiculopathy. Some stenosis was also noted on the imaging study on the right at L5/S1, but it is not clear that this is symptomatic.

The request for epidural steroid injections I believe is reasonable. This would be effective in helping radicular symptomatology, and would be considered a reasonable approach after more conservative treatments have failed and prior to any further surgical consideration. Either a course of epidural steroid injections deposited into the epidural space would be reasonable, though not necessarily providing any further diagnostic information. However, if further diagnostic information is needed, selective nerve root blocks could be considered, both for therapeutic and diagnostic purposes. In either case, I do believe that epidural injections into the lumbar spine would be reasonable at this point of the treatment plan.