INDEPENDENT REVIEW INCORPORATED

SENT TO: Texas Department of Insurance
Health & Workers' Compensation Network Certification & QA
Division (HWCN) MC 103-5A
Fax: 512.804.4868

Robert Henderson, MD
Attn: Amanda S.
Fax: 214.688.0359

Texas Mutual Insurance
Rick Ball
512.224.7094

Robert Yanney, DC
214.956.0990

January 31, 2007

RE: IRO Case #: M2 07 0733 01
Name: ___
Coverage Type: Workers' Compensation Health Care - Non-network
Type of Review:
_X__Preauthorization
____Concurrent Review
____Retrospective Review
Prevailing Party:
____Requestor
__X_Carrier

Independent Review, Inc. (IRI) has been certified, IRO Certificate # 5055, by the Texas Department of Insurance (TDI) as an Independent Review Organization (IRO). TDI has assigned this case to IRI for independent review in accordance with the Texas Insurance Code, the Texas Labor Code and applicable regulations.

IRI has performed an independent review of the proposed/rendered care to determine if the adverse determination was appropriate. In the performance of the review, IRI reviewed the medical records and documentation provided to IRI by involved parties.

This case was reviewed by an anesthesiologist specializing in pain medicine. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), and any of

the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

As an officer of IRI, I certify that:

1. there is no known conflict between the reviewer, IRI and/or any officer/employee of IRI with any person or entity that is a party to the dispute, and
2. a copy of this IRO decision was sent to all of the parties via U.S. Postal service or otherwise transmitted in the manner indicated above on January 31, 2007

RIGHT TO APPEAL:
You have the right to appeal the decision by seeking judicial review. This IRO decision is binding during the appeal process.

For disputes other than those related to prospective or concurrent review of spinal surgery, the appeal must be filed:

1. directly with a district court in Travis County (see Labor Code 413.031(m)), and
2. within thirty (30) days after the date on which the decision is received by the appealing party.

For disputes related to prospective or concurrent review of spinal surgery, you may appeal the IRO decision by requesting a Contested Case Hearing (CCH). A request for CCH must be in writing and received by the Division of the Workers' Compensation, Division Chief Clerk, within ten (10) days of your receipt of this decision.

Sincerely,

jc

Jeff Cunningham, D.C.
Director of Operations

221 McCann Avenue
Sulphur Springs, TX 75482
903.885.4241 * 903.642.0061

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REVIEWER REPORT
M2 07 0733 01

DATE OF REVIEW: 01/28/07

IRO CASE #: M2-07-0733-01

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:
Caudal epidural steroid injection.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:
D.O., Fellowship Trained in Pain Medicine, ABA, Board Certified in Anesthesiology with Certificate of Added Qualifications in Pain Medicine, TWCC Approved Doctor List Level 2

REVIEW OUTCOME:
"Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

__X__Upheld (Agree)

_____Overturned (Disagree)

_____Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:
1. Lumbar MRI scan dated 01/12/05
2. Medical progress notes from 01/30/06 through 11/16/06
3. Physical therapy notes from chiropractor dated 08/17/06 through 09/15/06
4. Lumbar discogram dated 03/21/06
5. Designated doctor evaluation dated 07/17/06

INJURED EMPLOYEE CLINICAL HISTORY (Summary):
This claimant was injured on ___. No medical information is provided regarding the mechanism by which this claimant was injured, or the circumstances surrounding the event. A lumbar MRI scan was performed at the request of the chiropractor on 10/11/05. It demonstrated a 3-mm disc bulge at L4/L5 with mild facet arthropathy but no foraminal or canal stenosis, a 2-mm disc protrusion at L3/L4 with mild facet arthropathy but no canal or foraminal stenosis, and no evidence of lumbar instability during flexion or extension. No focal disc herniation causing spinal cord or nerve root compression was noted. The claimant had a caudal epidural steroid injection on 01/30/06, which, according to the records, provided approximately 8 days of partial relief followed by full pain return thereafter.

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The claimant was then referred for lumbar discography on 03/21/06. The L2/L3 level was found to be architecturally normal with no pain provocation on testing. The L3/L4 level was found to have a grade 4 tear with a 2-mm to 3-mm bulge causing concordant lumbar pain with a pain level of 7/10. The L4/L5 level was found to have a grade 4 tear with a central protrusion of 3 mm to 4 mm, causing concordant pain with a pain level of 10/10. Post discogram CT scan did not demonstrate any focal disc herniation compressing the spinal cord or lumbar nerve roots, nor did it demonstrate any foraminal or central canal stenosis. On 03/24/06 it was recommended that the claimant undergo IDET. On 07/17/06 the claimant had a designated doctor evaluation. The claimant's complaint of lumbar pain only was documented. Physical examination documented normal sensation in both lower extremities with negative straight leg raising and normal reflexes bilaterally. Lumbar spine range of motion was also normal as was bilateral lower extremity muscle strength.

On 07/24/06 the doctor documented that the claimant was not interested in pursuing previously discussed surgery or IDET. Eight physical therapy sessions were then authorized with chiropractor, which commenced on 08/17/06 and completed on 09/15/06. On 10/30/06 the doctor followed up with the claimant, **noting** that she had been noncompliant with scheduled appointments once in September and 3 times in October 2006. He noted again that the claimant did not wish to pursue any surgery and, "Her epidural steroid blocks are being done elsewhere." The claimant returned to the doctor on 11/15/06. No physical examination was performed, yet the doctor again requested caudal epidural steroid injection for the claimant's complaint of lumbar pain. On 11/16/06, the doctor again documented that the claimant had low back pain only with "no leg pain." No physical exam was performed, and the doctor again requested a caudal epidural steroid injection. That request was then subsequently reviewed by 2 separate physician advisers on 12/04/06 and 12/12/06, both of whom did not recommend the procedure as being medically reasonable or necessary for treatment of the claimant's alleged work injury.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

I agree with the determination of the insurance carrier in this case that caudal epidural steroid injection is not medically reasonable or necessary. Epidural steroid injections are indicated for the treatment of lumbar radiculopathy due to disc herniation causing either spinal cord or spinal nerve root compression. They are indicated for treatment of radicular pain corresponding to a dermatome that would be expected to be involved based upon MRI scan evidence of focal disc herniation or nerve root compression. Epidural steroid injection are not indicated for treatment of disc bulges, especially when there is no complaint of radicular pain nor any physical examination evidence of radiculopathy.

In this case, the claimant repeatedly is documented as complaining of lumbar pain only with no leg pain. Physical examination by the designated doctor also was entirely normal

with no evidence of deficits in strength, sensation, or reflexes, and no evidence of **positive** straight leg raising test. Absent focal disc herniation, any evidence of radiculopathy, as well as evidence of radicular pain, there is no medical indication for the performance of epidural steroid injection. Moreover, in this case, the claimant has already had caudal **epidural steroid injection without clinically significant results. Therefore, there** would be no medical reason or necessity to repeat this procedure, given those results. Therefore, for all of the above reasons, caudal epidural steroid injection is neither medically indicated nor medically reasonable or necessary to treat the claimant's work injury or current clinical condition. She does not have radicular pain, evidence of radiculopathy on exam, nor MRI evidence of disc herniation causing spinal cord or nerve root compromise.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:
(Check any of the following that were used in the course of your review.)

XX ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
_____AHCPR-Agency for Healthcare Research & Quality Guidelines.
XX DWC-Division of Workers' Compensation Policies or Guidelines.
_____European Guidelines for Management of Chronic Low Back Pain.
_____Interqual Criteria.
XX Medical judgement, clinical experience and expertise in accordance with accepted medical standards.
_____Mercy Center Consensus Conference Guidelines.
_____Milliman Care Guidelines.
XX 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 national accepted medical literature (provide a description).
_____Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)