



Southwestern Forensic  
Associates, Inc.

Notice of Independent Review Decision

**IRO REVIEWER REPORT**

**DATE: November 23, 2012**

**IRO CASE #:**

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

Lumbar epidural steroid injection on the left at L5/S1

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR  
OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in practice of Pain Management full time since 1993

**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)

Medical necessity has not been demonstrated for the requested lumbar epidural steroid injection on the left at L5/S1.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

1. TDI Referral information
2. Denial information
3. Office Notes -11/2/11-10/24/12
4. MRI of lumbar spine, 9/29/10
5. Office Notes, 5/29/08 - 7/11/12
6. CT Myelogram - 10/20/05
7. MRI -11/18/04

**PATIENT CLINICAL HISTORY [SUMMARY]:**

On xx/xx/xx this xxx sustained a fall and developed back pain. After failure of conservative care, he underwent a lumbar fusion in February 2003. There is persistent pain. A caudal epidural steroid injection was performed on 09/18/12. After 30 days there was 50% pain relief. At the 10/15/12 office visit, there was decreased sensation on the left leg in an L5 distribution.

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

Official Disability Guidelines require objective evidence of radiculopathy to approve a lumbar epidural steroid injection. The radiculopathy has resolved. There is no motor deficit or other objective signs of radiculopathy. ODG are not met for the requested procedure.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
- AHCPR-Agency for Healthcare Research & Quality Guidelines.
- DWC-Division of Workers' Compensation Policies or Guidelines.
- European Guidelines for Management of Chronic Low Back Pain.
- Interqual Criteria.
- Medical judgment, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- 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.)