

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx-year-old who was jerked forcefully by student causing acute injury to her back with progressive left leg radicular symptoms. While the patient did have a normal EMG, the MRI revealed disc disruption at multiple levels.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

The carrier denies this disc disruption due to the patient having a prior history of disc disruption in xxxx. This denial on these grounds is ridiculous because disc disruptions in 10 years would have resolved.

Therefore, the current disc disruptions are either related to an underlying preexisting degenerative disc disease that was exacerbated by the acute injury or a direct result of an acute injury that occurred on the date of this patient's documented work injury in xxxx. Either way, a negative MRI is not an indication to limit or disregard ESIs because chemical irritation from non-compressive lesions are some of the most successfully treated lumbar spinal injuries with epidural steroid injection. The patient's symptomatology and history are consistent with radiculitis and this is consistent with ODG Guidelines use of epidural steroid injections.

Using these guidelines, it is my decision that this is appropriate and medically necessary.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES