

Becket Systems

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/14/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: lumbar epidural steroid injection w/TIVA right L5-S1

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Anesthesiology and Pain Medicine

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of the reviewer that the request lumbar epidural steroid injection w/TIVA right L5-S1 is not recommended as medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a xx year old whose date of injury is xx/xx/xx. The patient was working on a lift when he was shocked, tilted back and twisted. He underwent four weeks of physical therapy without any relief. MRI of the lumbar spine dated 08/01/14 revealed at L5-S1 there is a large posterior disc protrusion with a maximum depth of 6.5 mm. There is not any thecal sac effacement or central canal narrowing. There is mild narrowing of the foramina. Electrodiagnostic results dated 02/19/15 revealed findings compatible with electrophysiological evidence of a bilateral S1 radiculopathy, right greater than left. The patient underwent right lumbar epidural steroid injection on 03/09/15. On 03/26/15 the patient reported 100% relief for 2 days followed by 40-50% improvement after that. Office visit note dated 05/11/15 indicates that pain level is 8/10 with medications. The patient's pain is localized on the right side on his right buttock and then he has radiating pain down the right lower extremity into his foot. Current medications are Lyrica, Norco, Robaxin and Tizanidine. On physical examination lumbar range of motion is limited. Straight leg raising is positive on the left at 50 degrees and on the right at 30 degrees. Motor strength is 5/5 in the left lower extremity and 4/5 right plantar flexion. Deep tendon reflexes are 2+ throughout. It is reported that the patient had up to 50% relief for over 2 months from previous epidural steroid injection. He states that although he had improved function, his medication intake decreased only slightly.

Initial request for lumbar epidural steroid injection with TIVA right L5-S1 was non-certified on 04/23/15 noting that the documentation provided does not show that the patient had a reduction in medication use for at least 6 to 8 weeks or functional improvement following the injection to support the request for an additional epidural steroid injection. Also, there is no clear rationale provided for the medical necessity of doing the injection under intravenous sedation and without this information, the request would not be supported. The denial was upheld on appeal dated 06/04/15 noting that there is a lack of documentation regarding severe anxiety,

50-70 percent pain relief for at least 6-8 weeks, decreased need for pain medications and functional response.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient underwent prior lumbar epidural steroid injection on 03/09/15 and reported 100% relief for 2 days followed by 40-50% improvement after that. The patient reports that his medication intake decreased only slightly. Although the patient had significant subjective reports of pain relief, medication use decreased only slightly. Additionally, the Official Disability Guidelines note that there is no evidence-based literature to make a firm recommendation as to sedation during an ESI. The use of sedation introduces some potential diagnostic and safety issues, making unnecessary use less than ideal. A major concern is that sedation may result in the inability of the patient to experience the expected pain and paresthesias associated with spinal cord irritation. Routine use is not recommended except for patients with anxiety. There is no documentation of extreme anxiety or needle phobia to support the requested TIVA. As such, it is the opinion of the reviewer that the request lumbar epidural steroid injection w/TIVA right L5-S1 is not recommended as medically necessary and the prior denials are upheld.

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

ACOEM-AMERICA 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 JUDGEMENT, 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)