

# **Independent Resolutions Inc.**

**An Independent Review Organization**

**Phone Number:**  
**(682) 238-4977**

**835 E Lamar Blvd. 394**  
**Arlington, TX 76011**

**Email:independentresolutions@irosolutions.com**

**Fax Number:**  
**(817) 385-9610**

## **Notice of Independent Review Decision**

**Case Number:**

**Date of Notice:** 12/07/2015

### **Review Outcome:**

**A description of the qualifications for each physician or other health care provider who reviewed the decision:**

Anesthesiology

### **Description of the service or services in dispute:**

Caudal Epidural Steroid Injection under Fluoroscopy with IV sedation L5-S1

**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)

### **Patient Clinical History (Summary)**

The patient is a male whose date of injury is XX/XX/XX. The patient was moving a box when he noted a pop in his low back. MRI of the lumbar spine dated 01/03/14 revealed at L4-5 there is a broad based disc protrusion measuring 3 to 3.5 mm containing a small annular tear. There is minimal neural foraminal narrowing bilaterally when combined with facet hypertrophy. At L5-S1 there are posterolateral osteophytes and a 3 mm broad based disc protrusion mildly contacting the anterior thecal sac without herniation or spinal stenosis. There is mild neural foraminal narrowing bilaterally. EMG/NCV dated 05/19/14 is a normal study with no electrodiagnostic evidence of lumbosacral radiculopathy. The patient completed a functional restoration program in 2014. Follow up note dated 11/05/15 indicates that he continues with moderate to severe back, buttock and leg pain. On physical examination there is positive straight leg raising, moderate left lumbar interspinous tenderness, decreased pinprick in the L5 distribution. The patient is noted to have anxiety and stress associated with his pain complaint.

Initial request for caudal epidural steroid injection under fluoroscopy with IV sedation L5-S1 was non-certified on 09/17/15 noting that the lumbar spine MRI and electrodiagnostic studies performed did not corroborate the diagnosis of lumbar radiculopathy for which treatment with caudal injections is reasonable. There is no evidence of recent failure of conservative care. There is no evidence of severe anxiety warranting intravenous sedation during the injection. The denial was upheld on appeal dated 10/12/15 noting that it was mentioned that the patient showed evidence of anxiety and reactive depression warranting IV sedation. However, a recent comprehensive physical examination of the lumbar spine, including motor, sensory, and reflex testing, was not provided to objectively document radiculopathy.

**Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.**

The patient sustained injuries on XX/XX/XX due to moving a box. The patient has been recommended to

undergo a caudal epidural steroid injection. There is no documentation of any recent active treatment. The Official Disability Guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. The submitted EMG/NCV is a normal study with no electrodiagnostic evidence of lumbosacral radiculopathy. As such, it is the opinion of the reviewer that the request for caudal epidural steroid injection under fluoroscopy with IV sedation L5-S1 is not recommended as medically necessary.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- 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 and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)