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Notice of Independent Review Decision

Case Number:

Date of Notice: 06/22/2015

Review Outcome:

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

Description of the service or services in dispute:
Lumbar Tranform X 2 (Bilateral); Epidurography; Radiolgy; Anesthesia (Lumbar Epidural Steroid Injection)

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 female whose date of injury is xx/xx/xx. The patient was working when she was rear-ended while stopped at a stop sign. MRI of the lumbar spine dated 03/26/13 revealed disc protrusions/herniations measuring 4.8 mm at L3-4 and 7.4 mm at L4-5; ligamentum flavum and facet hypertrophy with spinal stenosis L2 through L5. The patient underwent bilateral L4-5 transforaminal epidural steroid injection on 07/08/13. Note dated 07/22/13 indicates that the patient reports 50% relief after bilateral L4-5 transforaminal epidural steroid injection. The patient underwent bilateral L4-5 epidural steroid injection on 08/07/13. Note dated 08/21/13 indicates that the patient presents for follow up on bilateral L4-5 transforaminal epidural steroid injection with 60% relief. The patient underwent lumbar transforaminal epidural steroid injection at L4-5 bilaterally on 03/24/14. Follow up note dated 04/09/14 indicates that the patient reported 60-65% pain relief. Note dated 11/18/14 indicates that the patient presents for a 2 week follow up for cervical transforaminal C4-5 and C5-6 epidural steroid injection with pain relief of 60%. Office visit note dated 02/18/15 indicates that the patient complains of cervical spine pain radiating to the upper back/shoulders and low back pain radiating down the right lower extremity. On physical examination straight leg raising is positive bilaterally, no measurements provided. There is decreased lumbar range of motion. Strength and tone are diminished due to pain. Sensation is intact throughout. Office visit note dated 05/20/15 indicates that physical examination is unchanged.

Initial request for lumbar tranform x 2 (bilateral); epidurography; radiology; anesthesia (lumbar epidural steroid injection) was non-certified on 03/09/15 noting that there was no documented signs of nerve impingement or radiculopathy. Since clear-cut signs and symptoms of radiculopathy are not clearly documented, medical necessity is not established. The denial was upheld on appeal dated 05/04/15 noting that the medical record is contradictory as to whether there are abnormal sensory findings of the lower extremities. There are no other abnormal neurological findings such as decreased strength or abnormal reflexes specifically pertaining to the requested L4-5 level. The injured worker was previously approved for a prior lumbar epidural steroid injection and the efficacy of this injection is unknown.

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

The patient sustained injuries on xx secondary to a motor vehicle accident and has received treatment

including lumbar transforaminal epidural steroid injections. The submitted records fail to document at least 50% pain relief for at least 6 weeks as required by the Official Disability Guidelines. The Official Disability Guidelines note that radiculopathy must be documented on physical examination and corroborated by imaging studies and/or electrodiagnostic results. The patient's physical examination fails to establish the presence of active lumbar radiculopathy. The current request is nonspecific and does not indicate the level to be injected. Additionally, the Official Disability Guidelines report 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. As such, it is the opinion of the reviewer that the request for lumbar tranform x 2 (bilateral); epidurography; radiology; anesthesia (lumbar epidural steroid injection) 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)