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May 26, 2015

IRO CASE #:

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

Caudal epidural steroid injections (ESI)

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

Orthopedic Physician

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who injured his lower back on xx/xx/xx, after he fell on rods while at work.

On February 13, 2015, a lumbar magnetic resonance imaging (MRI) revealed slight grade I anterolisthesis of L3 on L4, disc space narrowing at L4-L5, broad-based disc bulge, facet hypertrophy and anterolisthesis at L3-L4 resulted in moderate to severe spinal canal and mild-to-moderate left neuro foraminal narrowing and post surgical changes at L4-L5 and L5-S1. The indication was sprain of lumbar spine.

On March 5, 2015, the patient was seen and was diagnosed with bilateral sprain of the lumbar and left contusion of knee. The patient recommended no physical therapy (PT) and was prescribed Robaxin. *Poor scan quality.*

On March 20, 2015, evaluated the patient for low back pain radiating down left with some numbness since two months but was progressively getting worse. The pain was worse when sitting, walking, and standing for long periods at a time. The pain woke him up from sleep and coughing affect the pain. The legs hurt when he would walk too far (less than one block). The pain was not relieved by resting the legs or bending forward. The x-rays of the lumbar spine demonstrated 5 mobile lumbar segments, pedicles were well visualized. There was instability seen at the L3-L4 level, which there was a

spondylolisthesis present grade I and II. There was also previous fusion at L4-L5 and L5-S1 done un instrumented and appeared as a solid fusion. The MRI showed severe spinal stenosis at L3-L4. The diagnoses were acquired spondylolisthesis, sciatica, low back pain, degenerative lumbar or lumbosacral intervertebral disc. recommended lumbar ESI and prescribed Methocarbamol, Tramadol, Naproxen and Cyclobenzaprine.

Per utilization review dated April 6, 2015, the request for caudal ESI was denied with the following rationale: *“Based on the medical records submitted for the review on the above referenced claimant, caudal ESI to be performed by is not recommended. Claimant’s physical exam is not considered with lumbar radiculopathy. See OV March 20, 2015, Claimant does not meet ODG criteria below.”*

Per reconsideration review dated April 20, 2015, the appeal for caudal ESI was denied with the following rationale: *“According to ODG guidelines, the criteria for an epidural steroid injection include radiculopathy must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no indicated findings consistent with lumbar radiculopathy. Therefore, the request for caudal ESI is neither medically necessary nor appropriate.”*

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

A caudal epidural steroid injection would not be considered medically necessary and appropriate in this case based upon the Official Disability Guidelines. Official Disability Guidelines support the use of epidural steroid injections to help treat or diagnose radiculopathy. There should be findings of radiculopathy present on physical examination in the form of neurologic deficits. No objective physical examination findings have been provided. Absent objective findings of radiculopathy based upon physical examination, a caudal epidural steroid injection cannot be certified in this case based upon the Official Disability Guidelines.

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

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**