

Becket Systems

An Independent Review Organization
815-A Brazos St #499
Austin, TX 78701
Phone: (512) 553-0360
Fax: (207) 470-1075
Email: manager@becketsystems.com

DATE NOTICE SENT TO ALL PARTIES:

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: lumbar epidural steroid injection
ESI L4/5 left x 1

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: Board Certified Physical Medicine and Rehabilitation.

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 for lumbar epidural steroid injection ESI L4/5 left x 1 is not recommended as medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female whose date of injury is XX/XX/XX. MRI of the lumbar spine dated xxxx revealed at L4-5 there is mild broad based disc bulge causing mild narrowing of the lateral recesses bilaterally. The bilateral neural foraminal are patent. The patient underwent lumbar epidural steroid injection on 07/01/15. On 07/22/15 her pain score was 7.5/10. Note dated 08/13/15 indicates that the patient reports improvement in overall pain by half. After the procedure the patient was able to stand and sit longer. Sleep was better. Pain medicine was decreased. Office visit note dated 10/15/15 indicates that low back pain radiates into both lower extremities.

The initial request for lumbar epidural steroid injection L4 5 left x 1 was non-certified on 08/20/15 noting that the MRI showed only a bulge but no overt HNP or root impingement. There is no updated exam. There is no indication the prior epidural steroid injection benefitted the claimant as her pain score after was actually higher than before and no specific medication reduction is documented. The denial was upheld on appeal dated 09/16/15 noting that there has been no updated clinical examination. The MRI notes no nerve root compression that would corroborate a radiculopathy. There is no electromyogram testing

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient underwent prior epidural steroid injection on 07/01/15. The patient's post injection pain score on 07/22/15 was actually higher than pre-injection pain score. The Official Disability Guidelines require at least 50% pain relief for at least 6 weeks. The Official Disability Guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. There is no current, detailed physical examination submitted for review and the submitted MRI fails to document any significant neurocompressive pathology. As such, it is the opinion of the reviewer that the request for lumbar epidural steroid injection ESI L4/5 left x 1 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)