

# Applied Resolutions LLC

An Independent Review Organization

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## Notice of Independent Review Decision

Case Number:

Date of Notice: 10/16/2015

### Review Outcome:

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

Physical Medicine and Rehabilitation

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

Caudal 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 male whose date of injury is xx/xx/xx. The patient states that he xxxxx. MRI of the lumbar spine dated 03/19/15 revealed mild 2 mm posterior annular disc bulge and endplate spurring and ligamentum flavum and articular facet hypertrophy with mild bilateral neural foraminal narrowing and no significant spinal canal stenosis at L2-3. At L3-4 there is minimal 1 to 2 mm posterior annular disc bulge without significant spinal canal stenosis. At L4-5 there is mild 2 mm posterior annular disc bulge and endplate spurring and articular facet hypertrophy noted with mild to moderate left and mild right neural foraminal stenosis; no significant spinal canal stenosis is identified. At L5-S1 there is left paracentral and left lateral recess disc extrusion extending 12 mm inferior and 9 mm posterior to the endplates. The disc extrusion measures approximately 11 mm transverse x 8 mm AP x 1.7 mm sagittal. The disc extrusion results in severe left lateral recess stenosis and displaces the left S1 nerve root in the lateral recess. The patient underwent left L5 epidural steroid injection on 03/23/15 with 60% reduction of his pain for a few weeks. Note dated 04/06/15 indicates that the injection was performed on the left at L5. Evaluation dated 07/10/15 indicates that he had one epidural steroid injection which helped for a few weeks; however, the pain has returned. Re-evaluation dated 09/04/15 indicates that the patient has chronic low back pain. Current medications are Zanaflex and Norco. On physical examination he walks with a slight antalgic gait. Range of motion is limited with flexion and extension. Straight leg raising is positive on the right. There is a loss of sensation with left lower extremity with plantar flexion and dorsiflexion of his left foot. Motor strength with dorsiflexion and plantar flexion of his left foot is 4/5. His neurological exam is otherwise intact to motor, sensory and reflex testing.

Initial request for caudal epidural steroid injection was non-certified on 07/29/15 noting that the Official Disability Guidelines recommend repeat epidural steroid injection if the initial block was found to produce pain relief of at least 50% to 70% for at least 6 to 8 weeks corroborated by a decreased need for pain medications and improved function. As the provided documentation did not indicate that this patient had at least 50% to 70% pain relief for at least 6 to 8 weeks corroborated by decreased medication use and increased function from the previous epidural steroid injection, the requested service is not supported. The denial was upheld on appeal dated 08/26/15 noting that the provided documentation still did not indicate that the patient had at least 50% to 70% pain relief for at least 6 to 8 weeks corroborated by decreased medication

use and increased function from the previous epidural steroid injection.

***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 and subsequently underwent a lumbar epidural steroid injection on 03/23/15. The patient reported pain relief for only a few weeks. The Official Disability Guidelines require documentation of at least 50% pain relief for at least 6 to 8 weeks prior to the performance of a repeat epidural steroid injection. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response. As such, it is the opinion of the reviewer that the request for caudal 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)