

# Becket Systems

An Independent Review Organization  
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**DATE NOTICE SENT TO ALL PARTIES:** Sep/11/2015

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Caudal ESI under fluoroscopy with IV sedation

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** MD, Board Certified Anesthesiology  
MD, Board Certified Pain Medicine

**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 caudal ESI under fluoroscopy with IV sedation is not recommended as medically necessary

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male whose date of injury is XX/XX/XXXX. The patient when a shelf collapsed at work causing him to fall suddenly to the ground. He noted immediate shooting pain into his back, buttock and leg which was initially treated with conservative care including physical therapy and rehabilitative care. MRI of the lumbar spine dated 08/07/14 revealed left intraforaminal disc herniation measuring 4 mm creating mild compression of left L3 nerve roots without central spinal canal stenosis. At L4-5 there is a broad based posterior disc herniation measuring 3 mm minimally flattening the thecal sac without stenosis. At L5-S1 there is a broad based posterior disc herniation measuring 3 mm contained within the epidural fat without stenosis. Note dated 02/19/15 indicates that the patient underwent epidural steroid injection on the right at L4-5 and L5-S1 which provided approximately 30% pain relief. Note dated 06/04/15 indicates that the patient states he has completed 3 physical rehabilitation sessions. Initial pain evaluation dated 06/24/15 indicates that he underwent epidural steroid injection therapy with a translaminar approach at the L4-5 interspace; no anesthetic phase blockade was noted. Therefore, these blocks were considered a technical failure. On physical examination straight leg raising is positive at 60 degrees. He had decreased pinprick in the L5 distribution. No sudomotor or vasomotor changes were noted.

Initial request for caudal epidural steroid injection with fluoroscopy and IV sedation was non-certified on 07/10/15 noting that the guidelines state that for this procedure to be reasonable, radiculopathy must be documented on clinical exam with correlating MRI or electrodiagnostic studies. There should be failure of lesser measures, and IV sedation is not supported unless there is a clear indication. The records indicate that the patient has a positive straight leg raise, and there are no specific neurological deficits, such as decreased strength, decreased reflexes or decreased sensation. The provider does not indicate that the patient has needle phobia. Additionally, the patient has already had an injection at the L4-5 level, and the efficacy of that injection has not been documented objectively.

The MRI shows no significant stenosis at L4-5 or L5-S1 levels. The denial was upheld on appeal dated 07/28/15 noting that the patient had a right L4-S1 TFE already done with only 30% relief. This result is insufficient to support repeating this procedure. The patient wants to try a caudal for another type of approach which is not considered any more or less beneficial than what has already been done. There is therefore no indication to repeat an epidural steroid injection as per ODG. In addition, the office stated they would not remove the sedation component so the request is denied for that reason as well.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The patient sustained injuries on and was initially treated conservatively with physical therapy. However, note dated 06/04/15 indicates that the patient reports completing only 3 visits of physical therapy. The Official Disability Guidelines note that a patient must be initially unresponsive to conservative treatment prior to the performance of an epidural steroid injection. There is no documentation of any recent active treatment. Additionally, the submitted records indicate that the patient underwent a prior epidural steroid injection at L4-5 and L5-S1 which provided only 30% pain relief. The Official Disability Guidelines note 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 caudal ESI under fluoroscopy with IV sedation 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 KNOWLEDGBASE
- 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)