

# MEDRx

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**DATE OF REVIEW:** 3/9/2016

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of: caudal epidural steroid injection (aimed at L5-S1) under fluoroscopy with IV sedation.

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

The reviewer is a Medical Doctor who is board certified in Anesthesiology.

**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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of: caudal epidural steroid injection (aimed at L5-S1) under fluoroscopy with IV sedation.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

Claimant is a female whose date of injury is XX/XX/XX. Claimant was lifting a large package when she felt low back pain. MRI of the lumbar spine dated XX/XX/XX revealed small facet joint effusions at L2-3 through L5-S1 indicative of acute facet joint irritation and lumbar facet syndrome. There is a broad 2mm disc protrusion/herniation at L4-5 with very mild multifactorial thecal sac stenosis and a grade I anterolisthesis. At L5-S1 there is a broad 1mm disc protusion/herniation with a 2.5mm central component and potential irritation of the bilateral S1 nerve roots. CT lumbar spine dated XX/XX/XX revealed mild bilateral neural foraminal narrowing at L4-5 and L5-S1.

The claimant underwent bilateral L4-5 and L5-S1 facet injections on XX/XX/XX with no significant relief. EMG/NCV dated XX/XX/XX revealed no electrodiagnostic evidence of right lumbar radiculopathy.

DDE dated XX/XX/XX indicated that she had one epidural steroid injection which was of no help. She had a second epidural steroid injection on XX/XX/XX with no help. Diagnosis is lumbar sprain. The claimant was determined to have reached maximum medical improvement with 5% whole person impairment.

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

Based on the clinical information provided, the request for caudal epidural steroid injection (aimed at L5-S1) under fluoroscopy with IV sedation is not recommended as medically necessary. Per ODG, there must be documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. The claimant's physical examination on DDE revealed no neurological deficits. EMG/NCV is negative for right lumbar radiculopathy. The claimant was determined to be at maximal medical improvement with 5% whole person impairment. Claimant has undergone two prior epidural steroid injections with no relief. Therefore, medical necessity is not established in accordance with current evidence based ODG.

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

- ACOEM- AMERICAN 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)