

Magnolia Reviews of Texas, LLC

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[Date notice sent to all parties]:

04/04/2016

IRO CASE #:

DESCRIPTION OF THE

SERVICE OR SERVICES IN

DISPUTE:

Bilateral L4 and L5 transforaminal epidural steroid injection w monitored anesthesia

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

Board Certified Physical Medicine & Rehab

Board Certified Pain Medicine

REVIEW OUTCOME:

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

Upheld (Agree)

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 was diagnosed with low back pain. The patient was injured on XX/XX/XX. The mechanism of injury reportedly occurred due to heavy lifting. The MRI of the lumbar spine, dated XX/XX/XX, demonstrated disc degeneration of facet hypertrophy with broad based central disc protrusion at L4-5

and right paracentral disc extrusion at L5-S1 possibly contacting the descending right S1 nerve root and moderate bilateral neural foraminal stenosis at L4 and L5 with additional mild foraminal stenosis. On XX/XX/XX, the patient was seen for an evaluation regarding persistent lower back pain. The patient reported that pain varied in intensity, worsened upon getting up from sitting position, riding in car, and driving. The patient also described bilateral lower extremity symptoms such as aching, pins and needles sensation and aching with sharp pain of the left lower extremity. The patient has undergone previous treatment with exercises and medications. The pain indicated his pain level upon evaluation at 2-3/10. Physical examination revealed the patient in mild distress, ambulating without assistance and transferring from sitting position without difficulty. All lower extremity joints were without lesions, tenderness, erythema and swelling. Range of motion was unrestricted. Pinprick sensation was decreased in the bilateral L5-S1 dermatomes; motor strength was decreased to 4+/5 in the L4 dermatome and reflexes were 0/5 for bilateral patella and Achilles. In addition, straight leg raise testing was positive bilaterally for radiating leg pain and low back pain. The treatment plan included epidural steroid injection at L4 and L5, drug screening, and a followup visit.

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

Per the Official Disability Guidelines, epidural steroid injections for the lumbar spine are recommended with documented evidence of radiculopathy demonstrated on physical examination and corroborated by imaging studies and/or electrodiagnostic studies. In addition, there should be documented evidence of failed conservative treatment with prior to the requested injection. The clinical information indicated the patient complained of persistent pain of the lower back with decreased sensation, motor strength, and reflexes in the lower extremities. The MRI of the lumbar spine, dated XX/XX/X, demonstrated disc degeneration of facet hypertrophy with broad based central disc protrusion at L4-5 and right paracentral disc extrusion at L5-S1 and moderate bilateral neural foraminal stenosis at L4 and L5 with additional mild foraminal stenosis. However, there was a lack of documentation with evidence of failure or exhaustion of an adequate physical therapy program prior to the requested injection. Therefore, in agreement with the previous adverse determination, the requested injection is not medically necessary and prior determination is upheld.

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

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

**Official Disability Guidelines (ODG), Treatment Index, 14th Edition
(web), 2016, Low Back. (Updated 02/15/16). Epidural steroid injections
(ESIs), therapeutic**

**Official Disability Guidelines (ODG), Treatment Index, 14th Edition
(web), 2016, Pain. (Updated 02/25/16). Epidural steroid injections (ESIs).**