

*Magnolia Reviews of Texas, LLC*

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**[Date notice sent to all parties]:**

7/5/2016

**IRO CASE #:**

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

**Lumbar Epidural steroid injection**

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

Board Certified in Anesthesiology and Certified in Pain Medicine

**REVIEW OUTCOME:**

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

X Overturned(Disagree)

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 reported an injury on XX/XX/XX. The records indicate that the patient underwent an L5-S1 transforaminal epidural steroid injection on the left side on XX/XX/XX. The CT myelogram of the lumbar spine performed on XX/XX/XX was noted to reveal status post anterior fusion and pedicle screw fixation at L3-S1, with intact hardware and well positioned interbody grafts, with no significant canal or foraminal stenosis. On XX/XX/XX, the patient complained of low back pain with severe pain in his left leg. He rated his maximum pain an 8/10. The patient reported an increase in pain due to the weather. The patient described his pain as aching, stabbing, sharp, numbness, and hot. The patient indicated that his pain was exacerbated by lifting, standing, and weather changes, and was alleviated by prior injections and resting. The physical examination of the lumbar spine revealed a positive Kemp's test that reproduced concordant axial lumbosacral pain. There was tenderness at the bilateral L3-4, L4-5, and L5-S1 facet joints. There was positive straight leg raise on the left at 30 degrees elevation that reproduced concordant ipsilateral axial lumbar and neuropathic pain in the L4, L5, and S1 nerve root distribution. Sensation was decreased to light touch in the L4,

L5, and S1 nerve root distribution.

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

The decision to deny the lumbar epidural steroid injection should be overturned.

Epidural steroid injections are recommended as an option to reduce radicular pain and facilitate progress in active treatment programs. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There needs to be evidence that the patient had been unresponsive to conservative treatment, such as exercise, physical therapy, NSAIDs, and muscle relaxants. The patient complained of low back pain with severe pain in the left leg, due to lifting, standing, and weather changes. There was a positive straight leg raise on the left at 30 degrees that produced ipsilateral axial lumbar and neuropathic pain in the L4, L5, and S1 nerve distribution. The CT myelogram performed on XX/XX/XX was noted to reveal no significant canal or foraminal stenosis at the L3-S1 level; clarifying that the neurological deficits on physical examination did not match the pathology at the level requested for injection. However, there was documentation that the electromyography study revealed chronic and acute radiculopathy at L5-S1 level. It was documented that the patient experienced greater than 60% pain relief from the prior epidural steroid injection for greater than 2 months. The physical examination revealed numbness and weakness at concordant levels, and a positive straight leg raise. There was also indication that the patient would undergo physical therapy following the injection therapy.

Therefore, the decision to deny the lumbar epidural steroid injection for this patient should be overturned.

**IRO REVIEWER REPORT TEMPLATE -WC**

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

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**  
**Low Back (updated 05/09/2016), Epidural steroid injections (ESIs),  
therapeutic**