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[Date notice sent to all parties]:

05/25/2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: IV Sedation
62311 77003 01992 caudal corticosteroid injection L5-S1 under fluoroscopy

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

Board Certified Anesthesiologist
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 female who reported an injury on XX/XX/XX , which occurred when the patient fell from a collapsing deck. Diagnoses include chronic herniated lumbar disc syndrome at L4-5, with lateral recess stenosis. Diagnostic studies include a prior lumbar MRI performed on XX/XX/XX, which revealed a 1 mm disc protrusion/herniation with a 4 mm central component and mild thecal sac stenosis at L3-4, with a broad 2 mm disc protrusion/herniation with a 6 mm central component causing moderate thecal sac stenosis, mild bilateral neural foraminal narrowing, and probable bilateral L5 nerve root impingement at L4-5. There was a broad 1 mm disc protrusion/herniation at L5-S1 with a 5 mm central component which extrudes 2.5 mm superiorly causing thecal sac stenosis and mild bilateral neural foraminal narrowing. Electrodiagnostic testing performed on XX/XX/XX, revealed evidence consistent with chronic lumbosacral radiculopathy minimally involving the left L5-S1 nerve roots, with possible right L5-S1 radiculopathy. Past treatment has included the use of medications, active therapy, and a prior epidural steroid injection performed at the L5-S1 level on XX/XX/XX. According to the most recent comprehensive clinical note submitted for review dated XX/XX/XX, the patient was seen for evaluation with

complaints of chronic back, buttock, and leg pain. It was noted that physical examination showed evidence of a positive straight leg raise and decreased pinprick sensation. It was noted that the patient was recommended to undergo a caudal epidural blockage. A request has been made for IV sedation 62311 77003 01992 caudal corticosteroid injection L5-S1 under fluoroscopy.

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

According to the Official Disability Guidelines, epidural steroid injections may be recommended for patients with evidence of radiculopathy which is corroborated on physical examination and imaging studies after the failure of initial conservative treatment. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medication, and functional response. There should be documentation of pain relief of at least 50% to 70% for at least 6 to 8 weeks. The clinical records submitted for review indicate that the patient has a history of chronic lower back pain, and has previously been treated with epidural injections to date. The records indicate that the patient has a history of ongoing anxiety. The note submitted for review dated XX/XX/XX, documented pain relief of 70%, with a note of improved effect, daytime activity, and function following the prior epidural injection. However, an updated note dated XX/XX/XX, indicated that the patient had received no improvement from the prior epidural injection. It is unclear as to whether the patient has had significant pain relief, objective functional improvement, or a decreased use of pain medications following treatment with the prior injection. There was no documentation of pain relief lasting 6 to 8 weeks. As the patient's response to past epidural injections was not clearly documented, a subsequent injection is not supported at this time. Therefore, the prior adverse determination should be upheld, as the requested IV sedation 62311 77003 01992 caudal corticosteroid injection L5-S1 under fluoroscopy is not medically necessary.

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
Official Disability Guidelines (ODG), Treatment Index, 14th Edition (web), 2016,
Low Back, Epidural steroid injections (ESIs), therapeutic