

CALIGRA MANAGEMENT, LLC
1201 ELKFORD LANE
JUSTIN, TX 76247
817-726-3015 (phone)
888-501-0299 (fax)

February 29, 2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Caudal epidural steroid injection (ESI)

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

Pain Management Physician

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 was injured on XX/XX/XX. The patient went to sit on a stool and fell onto her right side.

On XX/XX/XX, XX evaluated the patient for lower back injuries. The patient stated that the lower back was much better but when she started to lift weights in physical therapy (PT), the pain increased. The patient also reported shoulder and neck pain. The reported pain level was 7-8/10. On examination, the cervical spine was unremarkable. Lumbosacral spine demonstrated bilateral muscle spasms. Range of motion (ROM) was full but painful in flexion. XX diagnosed lumbar sprain and cervical sprain and prescribed meloxicam. A referral to orthopedic specialist was made. The patient was advised to hold off PT.

On XX/XX/XX, the patient was seen at the XX. The patient completed the New Patient Intake Form reporting 5/10 pain in the back and neck with associated pain, numbness and tingling and soreness in the legs. Prior treatments were listed as muscle relaxants, PT, chiropractic manipulation,

nonnarcotic pain medication. Previous imaging included x-rays and MRI. Per office note from XX, the patient reported 5/10 low back and bilateral posterior thigh pain bilaterally. The patient had 8-12 sessions of PT with mild relief. The patient had noticed symptoms consistent with stress urinary incontinence. XX noted the patient was unable to perform toe walk due to weakness bilaterally. Lumbar ROM indicated increased pain with flexion and extension. Strength testing showed 4/5 strength in left PF. Sensation was decreased in left lower extremity and left lateral calf. The patient had tenderness in the lumbar paraspinal muscles bilaterally. X-rays of the lumbar spine showed grade I-II spondylolisthesis of L5 on S1. There was slight curvature on AP. XX diagnosed cervical sprain/strain, lumbar sprain/strain, lumbar radiculopathy (sciatica), lumbar intervertebral disc without myelopathy, and acquired spondylolisthesis. Recommendation included caudal epidural injection. A prescription for tramadol 50 mg was given.

On XX/XX/XX, lumbar radiographs showed L5-S1 grade I anterolisthesis without motion on flexion-extension views when rotation was taken into account. Facet degeneration. Shallow scoliosis convex right at L2-L3 (Cobb angle 13 degrees), minimal loss of disc height at L3-L4, multiple phleboliths in pelvis bilaterally.

On XX/XX/XX the patient continued to report 5/10 low back pain and bilateral posterior leg pain. She reported buckling of the right knee as well as loss of balance. On physical examination, XX noted the patient was unable to perform toe walking due to weakness bilaterally. She had increased pain with flexion and extension. She had 4+/5 strength in bilateral GS. She had positive straight leg raising (SLR) on the right. XX additionally diagnosed low back pain and continued to recommend caudal lumbar ESI.

On XX/XX/XX, the claimant continued report pain in the neck, right shoulder, lower back, bilateral hips and both legs. XX diagnosed cervical sprain and right shoulder sprain and referred the patient to PT. XX prescribed cyclobenzaprine. Work restrictions of lifting, pushing/pulling up to 30 pounds, no reaching above shoulders/above head with affected extremity and no squatting was advised.

On XX/XX/XX, a PT evaluation was completed at XX. The patient was given moist hot packs to the low back for pain relief.

On XX/XX/XX, the patient was seen for back and posterior leg pain. Examination showed the patient was forward flexed. She walked with antalgic gait. She had bilateral paraspinal muscle tenderness. The patient was unable to perform toe walking due to bilateral weakness. She had increased pain with flexion and extension. There was decreased lower extremity sensation in the left leg. 4+/5 in bilateral GS. SLR was positive on the right. XX refilled tramadol.

Per Utilization Review dated XX/XX/XX, the request for caudal ESI was denied with the following rationale: *"There are no objective findings on exam of a radiculopathy. The patient did have 4/5 in the L gastroc on XX/XX/XX but normal strength in subsequent reports. The patient reportedly had an MRI but the results were not provided--there are no imaging studies which corroborate a radiculopathy."*

On XX/XX/XX, a reconsideration appeal was denied with the following rationale: *“In regard to the request for Caudal ESI, the clinical note submitted for review failed to provide evidence of pain, numbness, and tingling radiating into the extremities. While the physician noted weakness, and decreased sensation, it is unclear as to which dermatomal or myotomal distribution is affected. There was no evidence of an MRI or EMG of the lumbar spine to corroborate physical findings. Furthermore, the request failed to provide specific level for treatment. Additionally, there was no indication the patient had been instructed in home exercises to do in conjunction with injection therapy, as this treatment alone offers no long term functional benefit. Peer to peer contact was unsuccessful. Given the above, the request for Caudal ESI is non-certified.*

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

The pain diagram does not depict any radicular symptoms per patient history. Also, an MRI report is not available for review which demonstrates pathology to support treatable causes of radiculopathy. Per ODG guidelines the medical necessity due to above is not met.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES