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***An Independent Review Organization***

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***Notice of Independent Review Decision***

***Case Number:***

***Date of Notice:*** 03/07/2016

***Review Outcome:***

***A description of the qualifications for each physician or other health care provider who reviewed the decision:***

Anesthesiology And Pain Management

***Description of the service or services in dispute:***

Lumbar Epidural Steroid Injection L5-S1 under Fluoroscopy with IV Sedation

***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)

***Patient Clinical History (Summary)***

The patient is a male who reported an injury on XX/XX/XX. The mechanism of injury occurred due to lifting 18 steel bars that weighed approximately 250 pounds. His current medications included gabapentin, Tylenol No. 3, and amitriptyline. Surgical history was not provided in the medical records. Diagnostic studies included an official MRI of the lumbar spine, dated XX/XX/XX, which noted grade 1 retrolisthesis at L5-S1 with a superimposed 4 mm left paracentral disc protrusion which mildly impinged upon the thecal sac and the left S1 nerve root; the disc protrusion also moderately narrowed the left lateral recess; mild disc desiccation at L3-4, L4-5, and L5-S1; and small vertebral body hemangiomas at L5 and S1. Other therapies were not provided in the medical records. The evaluation performed on XX/XX/XX, indicated the patient continued to walk with an antalgic limp and gait. The patient continued to have a positive straight leg raise. He continued to have decreased pinprick in the left L5 distribution and moderate lumbar interspinous tenderness. He continued to require a combination of narcotic and non-narcotic analgesia. It was noted the patient continued to have moderate to severe back pain having failed conservative rehabilitative medical treatment options. He was requiring ongoing narcotic analgesic in the form of Tylenol No. 3 in conjunction with gabapentin highly efficacious and neuropathic pain. Due to the patient's ongoing anxiety, sleep disorder, mood disorder along with continued pain, he was requiring IV sedation as he does not want to "feel the needle". The evaluation performed on XX/XX/XX, indicated the patient continued to walk with an antalgic limp and gait. He continued to have moderate right back, buttock and leg pain associated lumbar disc protrusions at least at 2 levels. It was noted the patient had moderate lumbar interspinous tenderness. He had pain with flexion. A request has been submitted for a Lumbar Epidural Steroid Injection L5-S1 under Fluoroscopy with IV Sedation. A previous determination for the requested treatment was not found to be medically necessary given the patient underwent an EMG/NCV which was a normal study. There was no indication the patient had received a recent course of adequate therapy to the lumbar area. There was no documentation of severe anxiety to support the use of sedation.

***Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions***

***used to support the decision.***

The Official Disability Guidelines state, epidural steroid injections are recommended as an option for treatment of radicular pain for patients who are initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). The guidelines also state radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Although it was mentioned in a previous determination letter, electrodiagnostic studies dated XX/XX/XX showed no evidence of radiculopathy, an official MRI of the lumbar spine performed on XX/XX/XX, revealed a 4 mm left paracentral disc protrusion which mildly impinged about thecal sac and the left S1 nerve root at the L5-S1 level. On exam, the patient continued to have a positive straight leg raise and decreased pinprick in the L5 distribution. It was also noted the patient had ongoing anxiety and would warrant the need of IV sedation. It was noted the patient had failed previous conservative treatment with oral medications and therapy. However, details regarding previous "therapy" were not provided. Clarification would be needed as to whether the patient has received a recent course of adequate therapy to the lumbar area. Therefore, due to lack of documentation, in agreement with the previous determination, the request for Lumbar Epidural Steroid Injection L5-S1 under Fluoroscopy with IV Sedation was not found to be medically necessary and the previous determination is upheld.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ACOEM-America College of Occupational and Environmental Medicine um knowledgebase
- AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)