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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:**

Left L4-L5 lumbar transforaminal epidural steroid injection with fluoroscopy and monitored anesthesia

**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)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.**

Left L4-L5 lumbar transforaminal epidural steroid injection with fluoroscopy is medically necessary  
Monitored anesthesia is not medically necessary

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

The patient is a XX-year-old who reported injury on XX/XX/XX. The mechanism of injury was when the ladder slipped out from under him, and he fell landing on his back. The patient was diagnosed with radiculopathy secondary to lumbar disc displacement. On XX/XX/XX the patient complained of low back pain and bilateral lower extremity pain. The back pain is located in the bilateral lower lumbar paraspinal region, and bilateral gluteus. The patient described low back pain as aching. The pain was present intermittently, and was varying in intensity. The pain was made worse by standing and walking, the pain was made better by sitting. The low back pain was better since its onset. The bilateral lower extremity pain was noted in the gluteal region and anterior and posterior lateral thigh. The patient described right lower extremity symptoms as aching, and left lower extremity symptoms as aching, burning, cramping, shooting, sharp, stabbing, and dull. The pain was present intermittently, worse in the morning, and was varying in intensity. The symptoms were made worse by standing and walking. The symptoms were made better by sitting. On physical exam of the lumbar spine, there was range of motion normal for age and flexion, extension, rotation and lateral bending despite pain with flexion. Straight leg raise testing while seated was positive bilaterally for radiating leg pain and low back pain. Waddell's sign was not present. The patient's gait was antalgic. Deep tendon reflexes revealed bilateral patellar 0+/5, and bilateral Achilles 0+/5. Motor testing well developed and symmetrical musculature in the bilateral lower extremities. No evidence of any weakness L1-S1. No atrophy or fasciculations were noted. Pinprick sensation decreased in the right L4, and L5 dermatome. The MRI of the lumbar spine performed on XX/XX/XX revealed L4-5 level, mild/moderate facet arthrosis, in the left paracentral disc protrusion measuring at least 6 mm narrows the left anterolateral recess, and results in at least mild canal stenosis, and

mild bilateral neural foraminal narrowing. Disc space narrowing is noted at this level.

***Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.***

Based on the medical records submitted for review, and the peer literature referenced, the previous determination is partially overturned. The patient complained of low back pain despite conservative treatment to include physical therapy, NSAIDs, and muscle relaxants. Physical examination findings submitted for review were corroborated by imaging findings. The patellar reflexes, and Achilles reflexes were decreased bilaterally. Straight leg raise testing while seated was positive bilaterally. The MRI revealed at the L4-5 level, mild/moderate facet arthrosis, in the left paracentral disc protrusion at least 6 mm narrows the left anterolateral recess, and results in at least mild canal stenosis, and mild bilateral neuroforaminal narrowing. Disc space narrowing is noted at this level. However, a clear rationale is not provided by the physician as to the medical necessity for the request for monitored anesthesia. There was no indication the patient had reported high levels of anxiety to warrant the treatment.

The medical necessity for the epidural injection was met to include, failed conservative treatment, MRI, and clinical findings. However, the medical necessity for anesthesia was not met - therefore the request is partially overturned.

***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 AHCPH-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 Medical Literature (Provide a description)  
American Society of Anesthesiologists (ASA). Statement on anesthesia care during interventional pain procedures for adults. Amended October 20,2010. Available online at : <http://www.asahq.org/for-Healthcare-professional>. Accessed Feb 2012
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)  
Manchikanti L, Abdi S, Atluri S et al: An Update of Comprehensive evidence- based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations. Pain Physician. April 2013: 16(2 Suppl): S49-283