

Magnolia Reviews of Texas, LLC

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[Date notice sent to all parties]:

05/03/2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 1 lumbar caudal ESI with epidurography

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

Board Certified Physical Medicine & Rehabilitation, Board Certified Sports Medicine

REVIEW OUTCOME:

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

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 a reported date of injury of XX/XX/XX. The mechanism of injury was bending and lifting while at work. The patient is currently being treated for multilevel lumbar spondylosis and chronic intermittent right S1 radiculopathy. Treatments to date were noted to include physical therapy, medication, weight loss, and an epidural injection performed in XX/XXXX, an unknown level, which provided mild relief. The patient was also noted to undergo a caudal epidural steroid injection on XX/XX/XX. The clinical note dated XX/XX/XX, indicated the patient had a recent flare of his chronic S1 radiculopathy secondary to pulling on some steel rods while at work on XX/XX/XX. On physical examination of the lumbar spine there was paravertebral muscle spasming bilaterally. Range of motion of the lumbar spine was painful and guarded with flexion and right side bending in particular. The spinous processes were tender at the lower region. The patient's lower extremity strength was symmetrical in all lower extremity muscle groups except multiple pain limitations on the right, including evidence of weakness in the dorsiflectors and plantarflexors. The lower extremity reflexes were symmetrically diminished. Sensation was grossly normal in all lumbar dermatomes except decreased sensation on the right outer foot. Straight leg raise on the right was positive. An x-ray was performed at the time which was noted to reveal multilevel spondylosis with mild leftward listhesis at L4

and L5, as well as disc height loss on L4-5 and L5-S1, and slight anterolisthesis of L5 on S1, which is stable with flexion versus extension. On XX/XX/XX, the patient was noted to report 50% relief with the caudal epidural steroid injection. On XX/XX/XX, the patient was doing "well" with mild residual low back pain and continued resolution of leg symptoms. The patient was noted to have finished physical therapy the week prior and was currently participating in a home exercise program. It was noted at that time the patient believed that he could return to his usual job functions at that time and the patient did not require any medications. On physical examination, the patient had lumbar range of motion that was generally stiff, but essential non-painful. The most recent clinical note dated XX/XX/XX indicated the patient presented with recurrent but progressive return of low back pain and right leg dysesthesia in to the into the bottom of the foot. The patient denied any new injury or other inciting event. It was noted at that time the patient was interested in proceeding with a repeat epidural injection. On physical examination, the lumbar range of motion was generally stiff but non-painful. Lower extremity strength was symmetrical in all lower extremity muscle groups except multiple pain limitations in the right, including evidence of weakness in plantarflexors and mild weakness in the right hamstring. Sensation was grossly intact for all lumbar dermatomes except decreased sensation over the right plantar foot. Straight leg raise was positive on the right. It was noted at that time that the patient approximately 2 months of substantial relief following the previous epidural steroid injection, therefore, the patient was being recommended for a repeat caudal epidural injection.

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

According to the Official Disability Guidelines, an epidural steroid injection is supported for patients with objective findings of radiculopathy that is corroborated by imaging studies and/or electrodiagnostic testing who have been initially unresponsive to conservative treatment and that a prior epidural steroid injection provided at least 50% pain relief for at least 6 to 8 weeks. In addition, the guidelines state that repeat injections should be based on continued objective documented pain relief, decreased need for pain medication, and functional response. The documentation provided indicated that the patient had objective physical exam findings of radiculopathy with evidence of multilevel spondylosis and disc height loss at L4-5 and L5-S1. In addition, the documentation indicated the patient's previous caudal epidural steroid injection provided 50% relief for greater than 6 weeks to that allowed the patient to continue with physical therapy/home exercise program, return to work, and no longer need medication. However, despite this relief, the patient's low back pain and radicular symptoms returned to include return of objective physical exam findings of radiculopathy. Therefore, based on the Official Disability Guidelines, the request for a repeat caudal epidural steroid injection is supported as medically necessary and thus the previous determination is 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 04/25/16), Epidural steroid injections (ESIs), therapeutic.