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Notice of Independent Review Decision

Case Number:

Date of Notice: 05/02/2016

Review Outcome:

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

Orthopedic Surgery

Description of the service or services in dispute:

Caudal Steroid Injection at L5/S1 under 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 while lifting heavy bags of X and passing on to a coworker. An MRI of the lumbar spine was performed on XX/XX/XX which demonstrated right far lateral, extraforaminal L5-S1 disc extrusion and osteophyte complex that may explain L5 radiculopathy at L5-S1, there was also a left posterolateral disc extrusion that displaced the left S1 nerve root. There was a left far lateral extraforaminal L4-5 disc extrusion and osteophyte complex that may explain left L4 symptoms. There was a right foraminal acute disc extrusion at L3-4. Disc displaced the right L3 dorsal root ganglion and may explain right L3 radiculopathy. The most recent evaluation performed on XX/XX/XX indicated the patient presented for followup of low back and bilateral leg pain. He was quite symptomatic. He had both axial back pain as well as neurologic complaints and lower extremities. He reported deep aching across the lumbar spine radiating down to both buttocks, posterior thighs, and calves. There was no associated numbness, weakness, or tingling, or bowel or bladder function problem. He was having a hard time standing more than 5 minutes. Sitting for more than 30 minutes hurt his back as well. He had a pain level of 8/10 on a regular day which would get worse with standing and walking or any physical activities. He also experienced numbness of both outer thighs. It was noted the patient had low back issues in XXXX and had 2 epidural steroid shots. Since then he had been doing fairly well, until this injury. No previous low back surgeries were noted. On the physical exam, paravertebral muscles were nontender with no evidence of spasm or trigger point. Lumbar range of motion was painful and restricted with flexion at 50% of normal, extension 75% of normal, rotation on the right 50% of normal, rotation on the left 50% of normal, and lateral bending to the left 50% of normal. Straight leg raises were normal on the right with no issues. Straight leg raise was positive on the left side at 45 degrees. Lower extremity strength was symmetrically present in all lower extremity muscle groups. Lower extremity reflexes were symmetrically present and normal. Light touch was normal for all lumbar dermatomes. It was noted the patient was unable to tolerate physical therapy due to constant pain from herniated discs. The patient was advised to continue with Mobic, Flexeril, gabapentin, and Tylenol No. 3 for pain and inflammation.

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. The guidelines also state radiculopathy must be documented by physical examination and corroborate by imaging studies and/or electrodiagnostic testing. The documentation submitted for review indicated the patient had deep aching across the lumbar spine radiating down to both buttocks, posterior thighs, and calves. An MRI of the lumbar spine showed L5-S1 disc extrusion and osteophyte complex. It was noted the patient had 2 previous epidural steroid injections and had been doing fairly well. However, details regarding the previous injections were not provided, such as, the levels in which the injections took place. Also, the documentation failed to provide evidence of at least 50% pain relief and functional improvement following the previous injections. Furthermore, the documentation failed to provide objective findings of radiculopathy on the physical exam. Although it was noted the patient was unable to tolerate physical therapy due to constant pain from herniated discs, there was no documentation indicating the patient failed the use of NSAIDs or muscle relaxants. Also, the patient was not shown to have findings of anxiety to warrant the need for sedation. Given the above issues, the request for "Caudal Steroid Injection at L5/S1 under IV Sedation" is non-certified 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)