Professional Associates, P. O. Box 1238, Sanger, Texas 76266 Phone: 877-738-4391 Fax: 877-738-4395

Date notice sent to all parties: 01/21/16

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Epidural steroid injection (ESI) on the left at L5-S1

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

Board Certified in Anesthesiology
Fellowship Trained in Pain Management
Certified by the American Board of Anesthesiology

REVIEW OUTCOME:

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

X 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 of the health care services in dispute.

ESI on the left at L5-S1 - Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was allegedly injured on XX/XX/XX in a non-specific injury involving lifting glass. On XX/XX/XX, the patient was evaluated by XX, who noted the patient's ongoing complaint of lower back pain. The patient specifically denied radiation, numbness, tingling, and weakness in both lower extremities. Physical examination demonstrated normal reflexes, normal sensation, normal strength, and negative straight leg raising tests sitting and supine bilaterally. XX diagnosed the patient with lumbar sprain/strain. On XX/XX/XX, a lumbar MRI scan was ordered. It demonstrated a 3 mm posterior L5-

S1 disc herniation extending into the left foramen with mild left foraminal stenosis, but no canal stenosis or focal disc herniation. A similar broad-based L4-L5 bulge was also noted without canal or foraminal stenosis. The patient returned to XX, who noted the same low back pain, with some radiation now into the RIGHT posterior hip, but no numbness, tingling, or weakness in the lower extremities. Physical examination was unchanged with no neurological deficits documented and normal reflexes, sensation, strength, and bilateral straight leg raising tests negative. The patient was then referred for evaluation. He documented the patient's complaint of low back pain with a current pain level of 4/10 to 6/10. At worst, his pain level was 7/10 to 9/10. At best, his pain level was 0/10 to 3/10. The pain was said to radiate, but no specifics regarding the pattern of radiation were documented. Physical examination documented normal heel and toe walking, non-specifically diminished reflexes in both legs, and positive straight leg raising tests bilaterally, unspecified. XX recommended "diagnostic ESI" on the left side at the L5-S1 level.

Initial physician review recommended non-authorization of the requested ESI, based on the lack of significant findings of radiculopathy on physical examination and failure to make such a diagnosis. XX followed up with the patient, noting the patient's current pain level as 0/10 to 3/10 and the same 0/10 to 3/10 pain level at worst or at best. Physical examination documented straight leg raising test non-specifically positive on the left with non-specific diminished reflexes in both legs. XX again recommended the ESI. A second physician reviewer recommended non-authorization of the appeal, again based on lack of "significant objective evidence suggestive of radiculopathy at the specified sites to warrant injection." The second physician reviewer also noted that two separate attempts were made to contact XX with voicemails left both times, but no return call received. XX followed up with the patient, documenting the same non-specifically diminished reflexes in both legs and straight leg raise tests again non-specifically positive bilaterally.

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

The ODG criteria specify that ESIs are medically reasonable, necessary, and indicated to treat radicular pain consistent with MRI findings of focal disc herniation and/or nerve root compression, supported by physical examination, or electrodiagnostic study evidence of radiculopathy. In this case, none of those criteria has been met. There is no imaging evidence of focal disc herniation causing direct nerve root compression of any nerve roots, especially at the L5-S1 level, nor is there sufficient evidence on the physical examinations of radiculopathy to justify an ESI. Non-specifically diminished reflexes and non-specific straight leg raising tests bilaterally, then on the left, and then bilaterally again are not sufficient physical examination evidence to diagnose radiculopathy. Therefore, as has been pointed out by both previous physician reviewers, this patient does not meet the ODG criteria for an ESI. The requested ESI on the left at L5-S1 is not medically reasonable, necessary, or indicated, according to the ODG treatment guidelines. Therefore, the prior recommendations for non-authorization are upheld at this time.

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

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- X **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- X **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**