Magnolia Reviews of Texas, LLC

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IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar ESI at L5-S1 under fluoroscopy IV Sedation.

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

Board Certified in Anesthesiology and Pain Medicine by the American Board of Anesthesiology.

REVIEW OUTCOME:

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

☐ Upheld (Agree)

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 XXXX with a history of an occupational claim from XXXX. The mechanism of injury is detailed as a XXXX. The pertinent prior treatments for the lumbar spine included physical therapy/occupational therapy, chiropractic care, trigger point injections, and a 3 time lumbar epidural steroid injection. The patient underwent a lumbar MRI on XXXX which revealed right S1 nerve root impingement with posterior displacement of the nerve root. The initial pain evaluation of XXXX revealed the patient had chronic persistent axial back pain, left buttock pain and left leg pain burning and shooting below the level of the knee. The physician stated the patient's pain had persisted despite conservative care. The pain was rated 7-8/10 and was worse with coughing, sneezing, lifting, getting up from a chair, and carrying groceries to the house. The physical examination revealed decreased lumbosacral flexion at 40° with reproduction of back pain. The patient had a positive straight leg raise on the left at 40° with contralateral straight leg raise of 70° on the right. The patient had moderate lumbar interspinous tenderness aggravated with flexion. The patient had decreased pinprick in an L5 distribution on the left with a positive straight leg raise sign 60° on the left contralateral 70° on the right. The deep tendon reflexes were normal. The treatment plan included a lumbar epidural steroid injection at L5-S1 in conjunction with gabapentin or Lyrica, Norco, and amitriptyline. The patient had an ASA III status in the prone position and therefore, the physician requested appropriate sedation.

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

The Official Disability Guidelines state that for a repeat injection, which is performed under fluoroscopy, there needs to be documentation of objective functional improvement and pain relief of at least 50% with an associated with reduction of pain medication for 6-8 weeks. Additionally, sedation is not recommended except for patients with anxiety. The physician stated the patient had anxiety and an ASA III neck to support the necessity for sedation. The encounter summaries XXXX indicated the patient had previously undergone a lumbar epidural steroid injection. The level that the prior injections were performed at were not noted. There was a lack of documentation indicating the patient had objective functional improvement in pain relief of at least 50% of with an associated reduction of pain medication for 6-8 weeks. Furthermore, the patient's MRI revealed right-sided nerve impingement, with no mention of left-sided nerve impingement.

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

☐ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES, 16th Edition (web), 2018, Low Back Chapter, Epidural steroid injections (ESIs), therapeutic, Pain Chapter, Epidural steroid injections (ESIs)**