

Applied Assessments LLC
Notice of Independent Review Decision

Case Number: XXXXXX

Date of Notice: XXXX

Applied Assessments LLC
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IRO REVIEWER REPORT

Date: 12/15/2017 3:09:42 PM CST

Amended: 3/27/2018

IRO CASE #: XXXXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Therapeutic lumbar epidural steroid injection L5/S1 Right X 1

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

REVIEW OUTCOME:

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

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a XX with a history of an occupational claim from XXXX. The mechanism of injury is detailed XX. The XXXX lumbar MRI revealed right paracentral disc herniation at L5-S1 causing moderate to severe right foraminal stenosis with possible nerve root impingement. There were mild disc bulges at L3-4 and L4-5. As of XXXX the patient was able to stand for more than 30 minutes, able to sit for less than 15 minutes and able to walk for less than 30 minutes. Pain level was a 7–9/10. The patient complained of low back pain that radiated to the right lower extremity. The patient had tried physical therapy with minimal or no help as well as medication. The patient reported weakness, numbness and tingling in the right lower extremity. Objective findings were noted as poor toe walking, poor heel walking and diminished deep tendon reflexes in the lower extremities. There was a positive straight leg raise bilaterally. On XXXX the patient underwent a L5-S1 epidural steroid injection. On follow-up visit from XXXX the patient reported improvement in overall pain by more than half. After the procedure the patient was able to stand longer, sit longer, walk longer, sleep better, decreased pain medication and stress. There was no significant change in the physical exam since prior office visits. On XXXX the patient reported pain radiating to both lower extremities from the low back. The patient was able to stand for more than 30 minutes, able to sit for less than 15 minutes, able to walk for less than 30 minutes. The pain was a 4–6/10, with the pain level at worst a 7–9/10. Pain level at best was a 4–6/10. The patient reported no significant changes since previous visit. There was no significant change in physical exam since prior office visits. The treatment plan was for therapeutic epidural steroid injection.

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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 (ESIs) are recommended as a possible option for short-term treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) with use in conjunction with active rehab efforts. Not recommended for spinal stenosis or for nonspecific low back pain. Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response. After the initial block/blocks are given and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported. In this case, on XXXX the patient underwent a L5-S1 epidural steroid injection. On follow-up, on XXXX the patient reported improvement in overall pain by more than half. After the procedure the patient was able to stand longer, sit longer, walk longer, sleep better, decreased pain medication and stress. There was no significant change in the physical exam since prior office visits. The patient then was seen on XXXX complaining of pain radiating to both lower extremities from the low back. The patient was able to stand for more than 30 minutes, able to sit for less than 15 minutes, able to walk for less than 30 minutes. The pain was a 4-6/10, with the pain level at worst a 7-9/10. There was not documentation of at least 50-70% pain relief for at least 6-8 weeks. The patient was seen XXXX after the injection and reported improvement in overall pain by more than half. This was not documented as the case after XXXX. The documentation indicated there was no significant change in the physical exam since prior office visits.

Without any clear indications for the use of Therapeutic lumbar epidural steroid injection L5/S1 Right X 1, it is this reviewer's opinion that medical necessity is not established, and the prior denials are upheld.

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
- AHRQ- 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
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR

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- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL

Official Disability Guidelines (ODG), Treatment Index, 15th Edition (web), 2017, Low Back, Epidural steroid injections (ESIs), therapeutic