

Icon Medical Solutions, Inc.
P.O. BOX 169
Troup, TX 75789
P 903.749.4272
F 888.663.6614

DATE: 8/12/18

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Therapeutic Lumbar Epidural Steroid Injection L5/S1 Level; Left

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

The reviewer is certified by The American Board of Anesthesiology with over 11 years of experience.

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]:

Claimant is a XXXX that was injured on the job, while approximately XXXX; thus resulting in a shoulder injury requiring surgery and low back pain and injury.

XXXX: MRI Left Shoulder. Impression- Full thickness tear of the distal supraspinatus tendon with 9mm retraction. 6mm full-thickness tear of the distal suprascapularis tendon and some 0.5mm partial thickness tear of the proximal tendon. Mild subdeltoid and anterior periarticular soft tissue swelling.

XXXX: MRI Lumbar Spine. Impression- Anterior disc bulge at T12-L1. Circumferential disc bulge at L2-3, which moderately impresses on the thecal sac. Bilateral facet arthrosis is noted. Moderate right and mild left neural foraminal narrowing is seen due to disc bulge and facet arthrosis. Circumferential disc bulge at L3-4, which markedly impresses the thecal sac. Bilateral facet arthrosis. Marked bilateral neural foraminal narrowing is seen due to the disc bulge and facet arthrosis. A high-intensity zone is present within the posterior annular fibers of the disc which may represent an annular fissure/tear that may be associated with pain. Circumferential disc bulge at L4-5, which impresses on the thecal sac. Bilateral facet arthrosis and ligamentum flavum hypertrophy are noted. The changes produce severe spinal canal stenosis and marked bilateral neural foraminal narrowing. Grade 1 retrolisthesis of L5. Circumferential disc bulge at L5-S1. Which mildly impresses on the thecal sac. Bilateral facet arthrosis. Moderate left neural foraminal narrowing is seen due to the disc and facet arthrosis.

XXXX: MRI Thoracic Spine. Impression- Left paracentral disc protrusion at T2-3, which mildly impresses on the thecal sac. Right paracentral disc protrusion at T7-8, which mildly impresses on the thecal sac and appears to contact the cord. Anterior disc bulge at T9-10. Left anterolateral disc bulge at T10-11 and T11-12. Thoracolumbar kyphosis.

XXXX: FCE Bruce Chiropractic Center. No MRI records available for me to read. Pt states XXXX has had approx. 22 sessions of rehabilitation and is pending approval for more sessions. XXXX job places XXXX at a Medium-Heavy job classification as an XXXX. XXXX company will not take XXXX back until XXXX is able

to work full duty. The patient may return to work with no lifting over 10 pounds. Current data test places XXXX at the present time as in Light Duty and will return to work with restrictions.

XXXX: Electrodiagnostic Test. Impression- 1. There is evidence supportive of moderate active left L5 radiculopathy. Denervating motor unit potentials were identified on EMG without concomitant reinnervation, suggestive of an acute to sub-acute process. 2. Muscle fiber membrane electrical instability was also identified in the paraspinal muscles on the right, and should be considered amongst others in the determination of whether this finding can be reasonably ascribed to early right-sided lumbosacral radiculopathy. 3. NCS testing demonstrates that multiple sensory and mixed studies in the LE could not be generated and in the appropriate clinical setting, this could reflect a sensory related polyneuropathy. 4. There is no definite evidence of sacral plexopathy, focal peroneal or tibial neuropathies in their knee or ankle segments, lateral plantar neuropathies in their ankle or foot segments, neuromuscular transmission defects, or myopathy.

XXXX: MRI Lumbar Spine. Impression- Degenerative changes as described, greatest at L4-L5 where there is moderate spinal stenosis, and moderate left L4-L5 and L5-S1 foraminal stenosis. Nothing appears acute.

XXXX: Lumbar ESI performed by XXXX

XXXX: Office Visit with XXXX Improvement in overall pain by more than a half. After procedure (LESI) pt was able to stand longer, sit longer and walk longer, even sleep better. Decrease in pain medication, less stress. Side effects not noted. Still having pain and would like another injection. Duration of 50% relief for 6-8 weeks. Mood is depressed.

XXXX: Office Visit with XXXX C/o neck pain and low back pain. Pain radiates down into the left lower extremity. EMG positive LLE radiculopathy. Able to stand for less than 15 minutes. Able to sit for less than 15 minutes. Able to walk for less than 15 minutes. Pain level now 7-9/10. Pain at worst is 7-9/10. Pain at best is 4-6/10. Pain is constant shooting pain, throbbing, aching and tingling. Nothing helps the pain. Therapeutic ESI was denied in spite of meeting ODG criteria. Appeal ESI denial.

XXXX: Office Visit with XXXX Improvement in overall pain by more than a half. After the procedure (LESI), pt is able to stand longer, sit longer. Having pain again and would like another injection. Schedule LESI and Chronic Pain Program.

XXXX: XR Thoracic Spine. Impression- Normal dorsal spine

XXXX: XR Cervical Spine. Impression- Normal cervical spine

XXXX: XR Lumbar Spine. Impression- Lumbar scoliosis convex to left and degenerative changes at L2-3 and L4-5.

XXXX: Follow-Up with XXXX. Physical Exam: Lumbar Spine W/TTP, DECREASED ROM/STRENGTH, + SLR ON RIGHT, N/V INTACT, SLOW ANTALGIC GAIT, PAINFUL/ABNORMAL HEEL.TOE GAIT, UNSTEADY SQUAT. Pt c/o back pain, joint swelling, muscle cramps, muscle weakness. Weakness, parathesias. Current Medications: XXXX.

XXXX: Behavioral Evaluation. Beck Depression Inventory II- Score of 25, within the moderate range of the assessment. Beck Anxiety Inventory- Score of 20, moderate range of assessment. Screener and Opioid Assessment for Patients in Pain-Revised- Score of 46, indicating a high risk for abuse of prescribed narcotic pain medications. Fear Avoidance Test – Work Scale= 42 out of 42 (*High). Activity Scale= 24 out of 24 (*High). Impression- The interviewer feels that there is a string indication that the patient is experiencing pain that is creating interference in XXXX life. It appears as though XXXX is having long-term adjustment problems of depression and anxiety, which are secondary to XXXX work-related injury. Pt also seems to have

some mood disorders that should be addressed in order to manage XXXX pain more effectively. Diagnoses DSM-IV: Pain Disorder with Related Psychological Factors. Bipolar Disorder. Sprain of Ligaments of Lumbar Spine. Chronic Pain, financial struggles, multiple social losses, and problems with family. Pt is recommend to continue pain management care. XXXX should also be referred for psychiatric services. After diagnosis and treatment, patient may be appropriate for a Chronic Pain Management Program.

XXXX: Office Visit with XXXX Did not finish FCE because of pain.

XXXX: Office Visit with XXXX C/o neck pain and low back pain. Pain radiates down into the left lower extremity. EMG positive LLE radiculopathy. Able to stand for less than 15 minutes. Able to ssit for less than 15 minutes. Able to walk for less than 15 minutes. Pain level now 7-9/10. Pain at worst is 7-9/10. Pain at best is 4-6/10. Pain is constant shooting pain, throbbing, aching and tingling. ESI Denied. No significant changes since last visit.

XXXX: Lumbar ESI with XXXX

XXXX: Office Visit with XXXX Able to stand, sit and walk for less than 30 minutes. Pain level now 4-6/10. Pain at worst is 7-9/10. Pain at best is 4-6/10. Pain is aching and numbness. Injection improved pain. Improvement in overall pain more than 50% after the procedure. After LESI, pt is able to stand and walk longer and sleep better. Decrease in pain medicine. Less stress. Side effects, not noted.

XXXX: . Able to stand, sit and walk for less than 30 minutes. Pain level now 4-6/10. Pain at worst is 7-9/10. Pain at best is 4-6/10. Pain is aching and numbness. Injection improved pain. Improvement in overall pain more than 50% after the procedure. After LESI, pt is able to stand and walk longer and sleep better. Decrease in pain medicine. Less stress. Side effects, not noted. Pt is having pain again and would like another injection. Exam: Lumbar pain on spine rotation/extension/flexion and palpation and axial loading. Per ODG. Therapeutic ESI requested. Criteria for 6-8 weeks benefit of 50% or greater relief neurological deficits, imaging consistency and clinical signs are consistent. L5/S1 level on the left.

XXXX: UR by XXXX. Rationale- There was no clear objective measurable functional improvement from the prior injection that would justify the need for a repeat injection. There was no comprehensive assessment documented in the most recent office visit to objectively verify radicular symptoms at the L5-S1 level that would justify the need for this injection. There were no recent imaging studies submitted to establish the diagnosis that would support the need for an ESI.

XXXX: Office Visit with XXXX Able to stand, sit and walk for less than 30 minutes. Pain level now 4-6/10. Pain at worst is 7-9/10. Pain at best is 4-6/10. Pain is aching and numbness that comes and goes. The injection helped with the pain. Therapeutic LESI was denied in spite of all ODG criteria being met and not the criteria of the reviewer who, as these reviewers tend to do, embellish and create new criteria.

XXXX: UR by XXXX. Rationale- There must be documented radiculopathy including objective signs and corroborated by imaging studies and/or electrodiagnostics testing and pain initially unresponsive to conservative care. In pt's with an initial pain relief of 50-70% for 6-8 weeks and an acute exacerbation of pain or new onset of radicular pain, an ESI is an option. No more than four injections should be done per year per region. In this case, this pt had a LESI at L5-S1 on XXXX. Per the medical records, 6 weeks later dates XXXX, the pt received 50 percent reduction in pain with improvements in walking, standing, and decreased medication use. Pt is now having pain again and would like another injection. Medical records dated XXXX notes lumbar pain with ROM movements, palpation and axial loading. None of these findings document radiculopathy. The original denial is upheld.

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

The previous adverse decisions are upheld. Based on the records submitted and peer-reviewed guidelines this request is non-certified. There must be documented radiculopathy including objective signs and corroborated by imaging studies and/or electrodiagnostic testing and pain initially unresponsive to conservative care. In patients with an initial pain relief of 50-70% for 6-8 weeks and an acute exacerbation of pain or new onset of radicular pain, an ESI is an option. No more than four injections should be done per year per region. In this case, the patient had a LESI at L5-S1 on XXXX. Per the medical records, 6 weeks later, on XXXX, the patient received 50 percent reduction in pain with improvements in walking, standing, and decreased medication use. Patient is now having pain again and would like another injection. Medical records dated XXXX notes lumbar pain with ROM movements, palpation and axial loading. None of these findings document radiculopathy. Therefore, this request for Therapeutic Lumbar Epidural Steroid Injection of Level L5/S1; Left is considered not medically necessary.

PER ODG XX

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**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- 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)**