CALIGRA MANAGEMENT, LLC
344 CANYON LAKE
GORDON, TX 76453
817-726-3015 (phone)
888-501-0299 (fax)

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DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Lumbar epidural steroid injection at L3-L4 under fluoroscopy with IV sedation due to anxiety, will need anesthesia

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

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

X Overturned (Disagree)

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 a XXXX who was injured on XXXX. XXXX. XXXX felt XXXX in XXXX that caused XXXX to XXXX to XXXX knees.

On **XXXX**, a magnetic resonance imaging (MRI) of the lumbar spine was performed. The study was recommended for lumbago and lumbar strain/sprain. The MRI revealed disc desiccation and mild broad-based disc bulging at L3-L4 and L4-L5 levels. No significant spinal stenosis or foraminal stenosis was associated. A small annular tear was seen on the right laterally at L3-L4.

From **XXXX**, the patient underwent five physical therapy (PT) sessions at Injury 1 for lumbar spine pain.

On **XXXX** saw the patient for chronic persistent back, buttock and leg pain following a work injury in **XXXX**. The patient had undergone PT and medication management without much relief. The MRI was consistent with an annular tear at L3-L4. On lumbosacral exam, the flexion was 40 degrees with pain. There was sciatic notch tenderness, right greater than the left; positive straight leg raising (SLR) on the right side at 60 degrees; mild decreased pinprick sensation in the L4 distribution with maximal tenderness at the L3-L4 interspace; and trigger points in the upper thoracic and lower lumbar regions. The diagnoses were chronic back pain syndrome having failed conservative rehabilitative care consistent with lumbar disk disruption L3-L4 and

chemical irritation or lumbar radiculitis; secondary myofascial pain syndrome with generalized deconditioning due to persistent pain; and moderate reactive depression, insomnia in chronic pain state. **XXXX** recommended medication management with **XXXX**, and consideration of lumbar epidural steroid injection (ESI) at the L3-L4 once satisfactory medical management had been achieved.

From **XXXX** saw the patient for chronic back, buttock and leg pain complaints. On exam, positive SLR test on the right, pinprick sensory loss in the L4 distribution and moderate lumbar interspinous tenderness were noted. The diagnoses were lumbar strain/sprain, annular disc tear and disc disruption with radiculopathy at L3-L4. The medication management included **XXXX** at night. Behavioral rehabilitative support was continued. A lumbar ESI was recommended. The patient was restricted from heavy lifting, bending or twisting.

On **XXXX**, performed a maximum medical improvement (MMI)/impairment rating (IR) evaluation and assessed the patient had reached at statutory maximum medical improvement (MMI) on **XXXX**, with 5% IR.

The urine drug screening dated **XXXX** was positive and inconsistent for **XXXX**.

On **XXXX** performed a lumbar ESI at L3-L4 level.

On **XXXX** saw the patient for moderate lumbar interspinous tenderness and pain with flexion. The patient continued to work and exercise. On exam, the patient had decreased pinprick sensation as described previously in the L4 distribution on the right. XXXX had right sciatic notch tenderness with positive SLR test. **XXXX** believed a lumbar epidural blockade would be an excellent procedure to help the patient recover. In the meantime, **XXXX** recommended ongoing **XXXX** at night. The urine drug screening was negative for illicit drug use.

On **XXXX**, the patient reported more than 70% improvement of pain, decreased use of medications, improved affect and improved quality of life following the injection therapy. XXXX was down to just **XXXX** twice daily, **XXXX** at night. However, XXXX continued to experience some mild lumbar interspinous tenderness at the L3-L4 interspace, pain with flexion, moderate left sciatic notch tenderness with decreased pinprick sensation in the L4 distribution. **XXXX** decided to proceed with a second lumbar block.

On **XXXX**, Notification of Adverse Determination was documented. The request for Lumbar Epidural Steroid Injection under Fluoroscopy with IV Sedation, L3-L4 62323 01992/QZ was denied. Rationale: "Per evidence-based guidelines, repeat ESI is recommended if there is a documented continued objective documented pain relief at least 50-70 percent pain relief for at least 6-8 weeks, decreased need for pain medications, and functional response. The patient received ESI on **XXXX**. Per Office Visit Note dated **XXXX**, XXXX stated that the first block offered XXXX more than a 70 percent improvement of pain, improved function, and decreased medications. However, there were no significant clinical changes noted between evaluations submitted to note for progressive functional improvement obtained from prior ESI given. While there was a decrease in the frequency of XX between pre and post procedure, there was no mention of planned or ongoing physical therapy as an adjunct to the requested injection."

On **XXXX** noted the patient had at least 50-60% improvement in the low back symptoms after XXXX first injection. On exam, moderate lumbar interspinous tenderness, pain with flexion, mild trigger points with jump's sign were elicited. The patient was recommended to continue a weak narcotic, neuropathic and antidepressant support as well as exercise and behavioral rehabilitative support.

On **XXXX** submitted a preauthorization request for lumbar ESI.

On **XXXX**, a Notification of Reconsideration Adverse Determination was documented. The denial for lumbar ESI was upheld. Rationale: "The request was previously noncertified by **XXXX**, due to the lack of significant clinical change between the evaluations to note progressive functional improvement was obtained from the prior epidural steroid injection and the lack of ongoing physical therapy as an adjunct to the requested injection. Additional documentation includes an evaluation by the treating provider dated **XXXX**. The request remains noncertified. For epidural steroid injections, the guidelines require objective evidence of radiculopathy on physical examination and corroboration by imaging studies and/or electrodiagnostic testing, and unresponsiveness to conservative treatment. The MRI of the lumbar spine reported no evidence of nerve root impingement and there are no electrodiagnostic studies reporting radiculopathy. On physical examination, there is no objective evidence of radiculopathy. In addition, there is no objective documentation of lower levels of care with a home exercise program, physical therapy, NSAIDs, or muscle relaxants. The appeal request for a lumbar epidural steroid injection under fluoroscopy, with intravenous sedation, at L3-L4, is not certified."

On **XXXX** noted the patient continued to walk with antalgic limp and gait. On exam, positive SLR, decreased pinprick sensation in the L4 distribution and moderate lumbar interspinous tenderness was noted. The intake urine analysis was negative for illicit drug use. There had been no evidence of diversion or misuse. **XXXX** considered changing the medication **XXXX** to an alternative narcotic analgesic because of the tolerance and dependency reasons. The patient was sleeping better with **XXXX** at night. **XXXX**. was refilled. **XXXX**. was started. A stool softener was also prescribed. A follow-up visit was recommended in one-month period. **XXXX** discussed the interventional pain care and considered spinal cord stimulator in future for recalcitrant pain.

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

According to the ODG, the patient is in the therapeutic phase. As required, if after the initial block is 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. This is generally referred to as the therapeutic phase. Indications for repeat blocks include acute exacerbation of pain, or new onset of radicular symptoms. The general consensus recommendation is for no more than 4 blocks per region per year.

Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response.

The **XXXX** note documents that the patient had 50-70% improvement after the first LESI **XXXX** which is >6-8 weeks, decreased use of medications **XXXX** and an improved quality of life. In general, quality of life (QoL or QOL) is the perceived quality of an individual's daily life, that is, an assessment of their well-being or lack thereof. This includes all emotional, social, and physical aspects of the individual's life. Furthermore, the **XXXX** note documents that the patient is working and exercising.

In addition, the LESI note documents the recommendation that the patient continue "walking and exercise". Radiculopathy has been documented not only by **XXXX** but also by **XXXX** in the Impairment Rating note.

Therefore, the ODG criteria are met and the Lumbar epidural steroid injection at L3-L4 under fluoroscopy with IV sedation due to anxiety is certified and medically necessary.

X Medically Necessary

☐ Not Medically Necessary

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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES