MEDICAL EVALUATORS
OF TEXAS ASO, L.L.C.
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DATE OF REVIEW: December 27, 2018

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

XCX Epidural Steroid Injection XX XX and XX XX x 2 and XX x2 with Monitored Anesthesia by XX

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN WHO REVIEWED THE DECISION

This case was reviewed by a physician board-certified in Physical Medicine and Rehabilitation who is currently licensed and practicing in the state of Texas.

REVIEW OUTCOME

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

☒ Upheld

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

XXXX. The claimant suffered XX over the XXXX XX, XX fracture, facture of the XXXX XX, and injured XXXX XX XX. The claimant had XX surgeries to the XXXX XX and has been treated with various conservative treatment including medications, XX, physical therapy, activity restrictions, and home exercise program. On XXXX, the claimant was found to have reached statutory MMI on XXXX and was assigned XX% whole person impairment rating. On XXXX, the claimant had an MRI of the XX XX at XXXX that revealed a XXmm disc XX at XX effaces the XX sac and does not affect the XX XX at XX and slightly compromises the XX XX, a broad-based XX XX at XX XX the XX sac without significant compromise of the XX XX and causes moderately XX compromise of the XXXX XX XX and XX compromise of the XXXX XX XX at that level.

An initial consultation note by XXXX documented the claimant presented with complaints of XX XX pain located in the XX XX XX XX region. Pain was described as XX. The pain was made worse XX, getting up from sitting position and walking. The pain was alleviated by medications and rest. The XX XX pain was worse since its onset. The XXXX XX XX pain was noted in the XX and XX knee and was described as an XX. The pain was made worse by walking and alleviated with medications. The current medications included XXXX. Objective findings on exam revealed unrestricted range of motion of all XX XX joints. Pinprick sensation was XX (XX) in XX XX down the outside of the XX/XX of the legs, into the XX/shins and into the XX of the XX. Motor testing showed well developed and symmetrical musculature. No

evidence of any weakness XX XX and XX. No atrophy or fasciculations were noted. Tone was normal. Reflexes revealed XX XX (XX) reflexes were XX/5 and XX Achilles (XX) reflexes XX/+/5. Gait was tandem with normal station. Straight leg raise testing while seated was XX XX for XX XX pain and XX pain. XX XX range of motion was normal for age in flexion, extension, rotation and XX bending despite pain with flexion and extension. The claimant was diagnosed with XXXX XX disc XX with XX. Since there was documented findings on examination supporting a XX pathology, MRI findings consistent with XX pathology, and failure to control symptoms with physical therapy, nonsteroidal anti-inflammatory drugs, muscle relaxants and activity modifications, the claimant was recommended XXXXX and XX XX epidural steroid injection x2 with fluoroscopy and monitored anesthesia. XXXX documented that "there are no positive Waddell's signs or evidence of XX pathology that would preclude performance of the recommended XX injection procedure."

Prior UR letter dated XXXX denied the request for coverage of XX Epidural Steroid Injection XXXXX and XX XX x 2 and XX x2 with Monitored Anesthesia by XX XX because "the epidural steroid injection appears to be reasonable based on the MRI and exam findings. However, there is no indication for XX sedation, it is not standard of care, and there is no verification of significant medical or XX XX to warrant it. [The provider's representative] refused to accept a treatment modification. Therefore, medical necessity is not established in accordance with current evidence based guidelines."

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

The claimant is a XXXX diagnosed with XX XX XX disc displacement with XX. The request is for coverage of XX Epidural Steroid Injection XX XX and XX XX x 2 and XX x2 with Monitored Anesthesia by XX.

According to Official Disability Guidelines (ODG), the criteria for the use of epidural steroid injection (ESI) requires evidence of XX (due to XX nucleus pulposus, but not XX XX) documented objective findings on examination needs to be present suggestive of XX corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant had an MRI that showed broad-based disc XX at XXwith XX compromise of the XX foramen at XX. The physical findings are also consistent with XX XX including decreased XX in the XX XX nerve distribution and XX Straight Leg Raise test for XX leg and XX pain. Additionally, the claimant had XX weeks of conservative treatment and thus the requested XX epidural steroid injection XX at XX is medically necessary. However, the requested ESI is with monitored anesthesia, and according to ODG excessive sedation should be avoided. There is no medical rationale provided indicating the need for Monitored Anesthesia Care (MAC) in this case. There is no documentation of any XX XX to warrant MAC sedation. XX ESIs are routinely performed without sedation and is not a standard of care.

Therefore, based on the ODG criteria as well as the clinical documentation stated above, the request for coverage of XX Epidural Steroid Injection XX XX and XX with Monitored Anesthesia by XX is not medically necessary and appropriate.

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

ODG-Official Disability Guidelines & Treatment Guidelines – Online Version
XX XX (Updated 12/12/2018)
Epidural steroid injections (ESIs), therapeutic
Criteria for the use of Epidural steroid injections:

XX

Appeal Information

You have the right to appeal this IRO decision by requesting a Texas Department of Insurance, Division of Workers' Compensation (Division) Contested Case Hearing (CCH). A Division CCH can be requested by filing a written appeal with the Division's Chief Clerk no later than 20 days after the date the IRO decision is sent to the appealing party and must be filed in the form and manner required by the Division.

Request for or a Division CCH must be in writing and sent to:
Chief Clerk of Proceedings Texas Department of Insurance
Division of Workers' Compensation P. O. Box 17787
Austin, Texas, 78744

For questions regarding the appeals process, please contact the Chief Clerk of Proceedings at 512-804-4075 or 512- 804-4010. You may also contact the Division Field Office nearest you at 1-800-252-7031.