

*Magnolia Reviews of Texas, LLC*  
PO Box 348 Melissa, TX 75454  
Phone 972-837-1209 Fax 972-692-6837

**11/26/2018 and 12/5/2018**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** XX XX-XX XX XX  
epidural steroid injection with fluoroscopy and monitored anesthesia.

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

I attest that I hold appropriate licensure/credentials that typically manages the medical condition, procedure, treatment or issues under review and maintain current knowledge to render a determination. XX. I have experience producing Peer Reviews supported by evidence-based medicine and have experience with worker's compensation claims. I am 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]:**

This case involves a now XXXX with a history of an XX claim from XXXX. The mechanism of injury is detailed as a XXXX. The pertinent prior treatments included physical therapy, medications and activity modification. The patient underwent an MRI of the XX XX on XXXX which revealed at the level of XX-XX, there was a XX mm XX XX minimally XX the XX XX without XX. The New Patient Initial Evaluation dated XXXX stated that the patient's XX pain was located in the XX XX-XX XX, was XX and XX and was intermittent and varying in intensity. The pain was made worse by lifting and rotation. The pain was made better by medications and heat application. The patient had XX XX XX XX in the XX and XX XX. The symptoms were made worse by XX movement and better by stretching. The physician noted the patient had XX weeks of conservative care prior to the visit without improvement. The physical examination revealed XX sensation was normal in the XX XX-XX. There was no evidence of weakness at XX-XX. Motor testing showed well-developed and XX XX in the XX XX XX. There was no XX in the XX was normal. The Spurling's test was XX XX. The maximum point of tenderness in the XX XX was in the XX XX XX XX, XX mid XX XX and XX XX. The range of motion was XX in XX by pain and XX rotation by pain. The physician stated the MRI

revealed XX recess XX on the XX at XX-XX and XX displacement at XX-XX on the XX. The diagnosis was XX XX XX with XX XX XX and XX XX. The physician requested a XX selective XX root XX/XX epidural steroid injection at XX and XX with XX interpretation or fluoroscopy. The request was received for a XX XX-XX XX XX epidural steroid injection with fluoroscopy and monitored anesthesia.

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

The Official Disability Guidelines indicated that epidural steroid injections are not recommended for the XX XX given the serious risk of the procedure in the XX region and lack of quality evidence for sustained benefit. Additionally, epidural steroid injections are not recommended higher than the level of XX-XX. If there are exceptional factors, there should be documentation of XX by physical examination that is corroborated by imaging studies and/or electrodiagnostic testing and the pain should be initially unresponsive to conservative treatment. The injection should be performed using fluoroscopy. Excessive sedation should be avoided because it prevents the patient from reporting pain and from participating in neurologic evaluation after receiving a test dose of local anesthetic. Some experts have promoted the use of mild sedation to prevent complications due to sudden movements. The patient is a XXXX who is undergone XX weeks of conservative care. However, while the conservative care has XX, there were no objective findings on physical examination there was a lack of documentation of physical findings on examination supportive of the requested level for injection and there was a lack of XX evidence of nerve XX at the level of XX-XX. The rationale for use of monitored anesthesia care was not documented. There were no exceptional factors noted to warrant non-adherence to guideline recommendations. Therefore, the prior determination remains upheld and the request for XX XX-XX XX XX epidural steroid injection with fluoroscopy and monitored anesthesia is not deemed medically necessary.

**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, XX & Upper XX Chapter, Epidural steroid injection (ESI)**