Applied Independent Review

An Independent Review Organization

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A description of the qualifications for each physician or other health care provider who reviewed the decision: Physical Medicine and Rehabilitation - Pain Medicine

Description of the service or services in dispute:

XX XX: XX XX, XX XX epidural steroid injection

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

- ☑ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

XXXX. XXXX stated XXXX sustained injuries to XXXX XX, XX leg, and XX foot. The ongoing diagnosis included XX, XX region (XX.XX).

XXXX for XX XX pain radiating to the XX XX XX, and XX pain. XXXX reported XX XX XX pain greater than XX XX pain. The pain was described as XX, XX, XX, XX, XX, and XX, and was rated at XX/10 that day. XXXX reported XX/10 pain on a worse day. XXXX stated with medication, XXXX could cope some but without medication, XXXX could not. XXXX had experienced pain for XXXX. XXXX also reported XX XX, XX, and some XX issues. XXXX was able to XX for only XX to XX hours each XX and XX due to pain. Aggravating factors included walking, standing, and putting pressure on the XX XX XX. Ameliorating factors included medication. On examination, an XX gait was noted. Straight leg raising
test was XX on the XX XX at XX degrees. Sensory examination in the XX XX XX was XX in the XX XX XX. The XX XX XX XX was XX. There was XX over the XX XX XX. The range of motion of the XX was XX with flexion, extension, and rotation to the XX and XX, but pain was noted with XX. XX loading test was XX on the XX XX. The diagnoses were XX of XX, XX and XX of XX XX, subsequent encounter (XX.XX); XX of muscle, XX and XX at XX level, subsequent encounter (XX.XX); and XX of other XX(s) and XX(s) at XX leg level, XX leg, subsequent encounter (XX.XX). The ongoing medications were continued and XXXX was scheduled for a right XX-XX XX epidural steroid injection. It was noted that XXXX continued to work full-time modified duty despite the pain.

An MRI of the XX XX dated XXXX showed persistent broad-based XX XX XX and XX XX XX XX XX XX at XX-XX. There was evolution of the XX XX changes at XX-XX with chronic XX and less prominent XX XX changes. A probable small XX XX was partially XX. An EMG and XX conduction study (XX) dated XXXX, showed evidence of a XX XX XX root XXX and / or irritation without any XX. There was no XX evidence of a XX XX XX of the XX XX, XX XX or XX.

The treatment to date included medications (XXXX, which were helpful), stretches, physical therapy with short-term benefit, and full-time modified duty (no relief).

Per a utilization review decision letter and peer review dated XXXX, the requested service of XX epidural injection at XX-XX was denied by XXXX. Rationale: "Per Official Disability Guidelines regarding XX epidural steroid injection criteria, 'XX (due to XX XX XX, but not XX XX) must be documented. Objective findings on examination need to be present'. In this case, there are documented physical examination findings consistent with XX XX, with concordant findings on imaging. A XX trial of conservative treatments including physical therapy is documented. However, there is no physical examination evidence of XX XX that would indicate a XX injection at that level. Thus, the request for outpatient, XX XX-XX XX epidural steroid injection is not medically necessary".

Per a utilization review decision letter and peer review dated XXXX, the prior denial was upheld by XXXX with the following rationale: "The request was previously noncertified by XXXX, on XXXX, as there were no clinical exam findings to support symptoms of XX at the XX level. No additional documentation was submitted to support the request. The previous noncertification is supported. According to the guidelines, there must be evidence of XX on diagnostic imaging and clinical examination. The claimant was noted to have no evidence of XX XX XX at the XX level but was noted to have evidence of XX at the XX level on physical examination. The claimant was noted to have evidence of XX root XX at the XX level but was not noted to have evidence of XX at the XX level on the physical examination. The request for outpatient, XX XX, XX XX-XX XX epidural steroid injection is not certified."

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

Based on the clinical information provided, the request for Outpatient, XX XX, XX XX-XX XX epidural steroid injection, XX - Injection(s), anesthetic agent and/or XX, XX epidural, with imaging guidance (fluoroscopy or CT); XX or XX, single level, XX – Injection(s), anesthetic agent and/or steroid, XX epidural, with imaging guidance (fluoroscopy or CT); XX or XX, each additional level, XX - Fluoroscopic guidance and localization of needle or XX tip for XX or XX diagnostic or therapeutic injection procedures (epidural or XX) is not recommended as medically necessary. There is insufficient information to support a change in determination, and the previous non-certification is upheld. The Official Disability Guidelines require documentation of XX on physical examination corroborated by imaging studies and/or electrodiagnostic results. The submitted XX MRI fails to document significant XX pathology at the requested level. There is no documentation of any recent active treatment. Therefore, medical necessity is not established in accordance with current evidence based guidelines and the request is upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

☐ ACOEM-America College of Occupational and Environmental Medicine um knowledgebase AHRQ-Agency for Healthcare Research and Quality Guidelines

☐ DWC-Division of Workers Compensation Policies and 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 and Treatment Guidelines Pressley Reed, the Medical Disability Advisor

☐ Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters Texas TACADA Guidelines

☐ TMF Screening Criteria Manual

☐ Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)

☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)