

# *Magnolia Reviews of Texas, LLC*

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**IRO CASE #: XXXX**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Diagnostic Lumbar Epidural Steroid Injection

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

Anesthesiology, Pain Medicine

**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 XXXX with history of an occupational claim from XXXX. The mechanism of injury was detailed as occurring when a XXXX on the patient's mid and lower back. MRI of the lumbar spine from XXXX revealed at the L2-L3 there is a 1 mm diffuse disc herniation. At the L3-L4, there was mildly asymmetric diffuse disc herniation measuring up to 2 mm in the left neural foraminal region. At the L4-L5, there was diffuse disc herniation measuring up to 3 mm no neural foraminal region. There was also a superimposed broad-based posterior central disc herniation measuring a total 5.5 mm and containing an annular tear. At the L5-S1, there was a broad-based posterior central disc herniation measuring 2 mm AP. The office visit note from XXXX notes that the patient had complains of low back pain. Pain radiated to the left lower extremity. The patient was able to stand for less than 30 minutes and sit for less than 30 minutes. The patient could walk for less than 30 minutes. Pain was a 7-9/10. It was noted there is no change in physical exam findings since last visit. The previous visit. The patient had no acute distress the patient was alert and oriented.

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

The official disability guidelines note that diagnostic epidural steroid injections are recommended to determine level of radicular pain in cases where diagnostic imaging is ambiguous, to help evaluate the radicular pain generator when physical signs symptoms differ from imaging studies, to help determine pain generators when there is evidence of multilevel nerve root compression, to help determine pain generators when clinical findings are consistent with radiculopathy and imaging studies are inconclusive or in order to help identify the origin pain in patients who have had a previous spinal surgery. The documentation indicates that the patient has previously had an epidural steroid injection. However, the specific level and relief received from the previous epidural steroid injection was not indicated. There was no evidence of any radicular findings on the physical examination provided for review. There was no clear rationale for a diagnostic epidural steroid injection. Therefore, the request for diagnostic

lumbar epidural steroid injection is not medically necessary and the prior determination is upheld.

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

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

Low back, Epidural steroid injections, diagnostic