

**Applied Independent Review
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Date of Notice: 02/20/2018

Case Number: XXXX

A description of the qualifications for each physician or other health care provider who reviewed the decision: Anesthesiology And Pain Medicine

Description of the service or services in dispute:

Therapeutic lumbar epidural steroid injection L5/S1 on the right X 1 with sedation

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)

This case involves a now XXXX with history of an occupational claim from XXXX. The patient was injured in a XXXX. Prior relevant treatment includes physical therapy, medications, MRI and a lumbar epidural steroid injection on XXXX. As of XXXX patient reported pain was a 4–6/10 and up to a 7–9/10. The patient had poor toe and heel walking with a bilateral straight leg raise positive. XXXX has sensory deficit in the right L5-S1 dermatome. On XXXX patient had the L5-S1 lumbar epidural steroid injection. Follow-up the patient reported pain was a 4–6/10 and up to a 7–9/10. On XXXX the patient reported pain was a 4–6/10 at best next 7–9/10 at worst.

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

Current standards of care support lumbar epidural steroid injections for suspected radicular pain based on radiation of pain along the dermatome of the nerve or for neurogenic claudication and low back pain of moderate to severe intensity associated with significant impairment of activities of daily living in combination with substantial imaging abnormalities such as a central disc herniation or severe degenerative disc disease or central spinal stenosis. There must be failure of nonsurgical noninjection care, to include appropriate oral medications and physical therapy. Repeat injections may be medically necessary when there is documentation of at least 50% or more cumulative pain relief obtained for a minimum of 6 weeks to be considered a positive and effective response. In this case, the patient had a lumbar epidural steroid injection on XXXX. The documentation noted overall improvement with pain by more than 50%. After the procedure the patient was able to stand longer, XXXX, walk longer and sleep better with decreased pain medications and less stress. However, the pain levels remain a 4–6/10 to a 7–9/10. There is no documentation of objective functional improvement or reduction in pain levels of at least 50% or more for a minimum of 6 weeks to support a repeat injection. As such, the therapeutic lumbar epidural steroid injection L5/S1 on the right x1 with sedation is not medically necessary. Therefore, the prior denial 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)

2016 NIA Clinical Guidelines for Medical Necessity Review: 62310-62311 – Spinal Epidural Injections pages 348-353. Retrieved from: <http://www1.radmd.com/media/377496/>

Iannuccilli, J. D., Prince, E. A., and Soares, G. M. (2013, September). Interventional Spine Procedures for Management of Chronic Low Back Pain—A Primer. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3773030/>

Pena, E., Moroz, L., & Singh, D. (2016). Lumbar Epidural Steroid Injections. *JBJS Essent Surg Tech*, 6(3), e25.

Manchikanti, L., Falco, F. J., Singh, V., Benyamin, R. M., Racz, G. B., Helm 2nd, S., ... & Gupta, S. (2013). An update of comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part I: introduction and general considerations. *Pain Physician*, 16(2 Suppl), S1-48.
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)