



DATE OF REVIEW: 02/27/18

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Diagnostic Lumbar Epidural Steroid Injection L4/L5 on the left x 1

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

Board Certified in Physical Medicine and Rehabilitation

Board Certified in Pain Medicine

REVIEW OUTCOME

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute:

- Diagnostic Lumbar Epidural Steroid Injection L4/L5 on the left x 1 - Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

Records indicate the claimant XXXX. XXXX was diagnosed with a lumbar compression fracture. XXXX has been treated conservatively to date, including some diagnostic testing, and due to the onset of leg pains, the treating physician has recommended a diagnostic ESI.

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

In my medical opinion, the left L4-5 Diagnostic ESI is not medically reasonable or necessary. Though the patient does demonstrate subjective and some mild objective evidence of a radicular syndrome, the MRI is entirely unremarkable and no EMG/ NCV has been performed. The ODG clearly states that radicular findings in a patient must be corroborated by MRI or EMG finding to be considered for ESI.

This criteria has not been met. Therefore, the previous denials are upheld as the requested service is not medically necessary, at this time.

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

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**