

# IRO Express Inc.

An Independent Review Organization

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IRO CASE #: XXXX

## DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Therapeutic lumbar epidural steroid injection left L5/S1

## 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:

- |  |                                |
|--|--------------------------------|
| <input type="checkbox"/> Overturned          | Disagree                       |
| <input type="checkbox"/> Partially Overtuned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld   | Agree                          |

### PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a now XXXX with a history of an occupational claim from XXXX. The mechanism of injury is detailed as XXXX. Prior relevant treatment includes physical therapy, injections, medication, chiropractic treatments, massage therapy and a chronic pain management program. According to the XXXX office visit the patient reported pain level was a 7-9/10. The patient reported pain felt like a constant cramping, stiffness, pinching, stabbing, numbness and soreness. Examination found poor toe and heel walking and diminished sensation in the lower extremities. There was a positive straight leg raise on the left. On XXXX patient underwent L5-S1 lumbar epidural steroid injection. On XXXX the patient reported pain was a 5/10 and at worst a 6/10.

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

The Official Disability Guidelines state epidural steroid injections (ESIs) are recommended as a possible option for short-term treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) with use in conjunction with active rehab efforts. Not recommended for spinal stenosis or for nonspecific low back pain. If after the initial block/blocks are given and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported. According to the XXXX office visit the patient reported pain level was a 7-9/10. The patient reported pain felt like a constant cramping, stiffness, pinching, stabbing, numbness and soreness. Examination found poor toe and heel walking and diminished sensation in the lower extremities. There was a positive straight leg raise on the left. On XXXX patient underwent L5-S1 lumbar epidural steroid injection. On XXXX the patient reported pain was a 5/10 and at worst a 6/10.

The documentation did not corroborate that there was pain relief of at least 50-70% pain relief for at least 6-8 weeks to support a repeat injection as noted in the follow-up the pain went from a 7-9/10 prior to the injection and only down to a 5-6/10 a month after the injection. As such, the prior denial is upheld.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR 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 & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Low Back, Epidural steroid injections (ESIs), therapeutic