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**Date:** 1/22/2018 3:24:34 PM CST

**IRO CASE #:** XXXX

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Epidural Steroid Injection L4/5

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

**REVIEW OUTCOME:**

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

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

**PATIENT CLINICAL HISTORY [SUMMARY]:** This case involves the XX-year-old XX with a previous history of an occupational claim. The documentation indicates on XXXX the patient was seen for a follow-up. The patient was noted to only have minimal symptoms in the lower lumbar spine radiating to the right calf. The patient indicated the mechanism of injury was detailed as XXXX. The patient did undergo an epidural steroid injection on XXXX. The documentation indicated the patient was seen prior to the injection on XXXX complaining of low back pain radiating to the right calf. The objective examination revealed diffuse tenderness in lumbar spine with a positive right straight leg raise. There was hypoesthesia in the right L4 distribution with 1+ reflexes to the right knee. The patient underwent an epidural steroid injection was recommended to follow-up.

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

According to the referenced criteria an epidural injection is recommended for patient with radiculopathy that has been documented. There must be objective findings on examination cooperated by imaging studies after the patient has been initially unresponsive to conservative treatments. Within the documentation it was noted this patient did have an occupational injury and complained of pain radiating into the lower extremity from the lower back. There is an MRI showing evidence of a disc desiccation which compresses the traversing L5 nerve roots bilaterally. The recommendation is made for an epidural steroid injection at the L4-L5 level. The notes do indicate the patient did fell anti-inflammatory medications as well as physical therapy,

Given the patient has had a failure of conservative care with subjective and objective documentation of radiculopathy as well as imaging studies revealing appropriate pathology the previous denial is overturned.

**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