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An Independent Review Organization
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Description of the service or services in dispute:

Right L4/5 Diagnostic lumbar epidural steroid injection

Description of the qualifications for each physician or other health care provider who reviewed the decision:

Board Certified Anesthesiology

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

- ☐ Overturned (Disagree)
- ☒ Upheld (Agree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient is a XXXX, was injured XXXX right side, while XXXX work on XXXX.

On XXXX, XXXX reported that XXXX low back pain radiated into the right lower extremity. Straight leg raise was positive on the right. Sensory deficit in the right L4-L5 dermatome was noted. There was pain in the lumbar facets bilaterally and bilateral facet pain on spine rotation/extension/flexion, palpation and axial loading in the lumbar spine.

Treatment to date consisted of medications, physical therapy and diagnostic/therapeutic right L3-4, L4-L5 and L5-S1 facet blocks with arthrogram.

An MRI of the lumbar spine dated XXXX, revealed multilevel facet degenerative changes in the lower lumbar spine progressing towards the lumbosacral junction. There was mild degenerative disc disease at L4-L5 level.

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

The decision is upheld.

The review by XXXX, dated XXXX is accurate, comprehensive, detailed and meets ODG guidelines effectively.

The review by XXXX, dated XXXX is also accurate, thorough and applies ODG guidelines effectively. Of note, the patient had double procedure, facet injection and ESI on XXXX which runs counter to ODG guidelines. "Double" procedures have no basis in the ODG.

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 Medical Literature (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)