Applied Independent Review
An Independent Review Organization

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Date of Notice: 01/29/2018

Case Number: XXXXX

Review Outcome:

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

Pain Management And Emergency Medicine

Description of the service or services in dispute:

Left lumbar epidural steroid injection

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 XX-year-old XXXX with history of an occupational claim from XXXXX. The mechanism of injury was not detailed in the documentation provided for review. The MRI of the lumbar spine from XXXXX notes that the patient had a posterior and leftward disc protrusion or subligamentous disc herniation measuring approximately 3.5 mm at L4-5 flattening the anterior thecal sac indicating mild left foraminal stenosis. There was posterior central disposition measuring approximately 3.2 mm at the L5-S1 contained within the epidural fat without stenosis. The clinical note from XXXXX notes that the patient was status post lumbar L4-5 epidural steroid injection. The patient had 50% relief of XXXX pain and the patient had decreased pain medications. The patient also had increased sleep and increased activity. The patient was doing well. The patient was starting physical therapy. The patient was still complaining of pain. The duration of the pain relief was 50% for 6-8 weeks. The patient wishes to get another injection. The patient was to continue with physical therapy. The patient has needle phobia and wishes to have sedation while XXXX is getting the procedure performed.

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

The Official Disability Guidelines note that repeat epidural steroid injections are recommended if there is 50-70% pain relief for 6-8 weeks with evidence of objective functional improvement. The recommendation indicates that the patient previously underwent an epidural steroid injection on XXXXX. It was noted that the patient had 50% relief of pain with decreased pain medication usage with the previous epidural steroid injection. The patient also had increased sleep and increased activity. The patient was doing well and was able to start physical therapy. The patient had continued complaints of pain. The previous injection provided 6-8 weeks of 50% relief. Therefore, an additional left lumbar epidural steroid injection would be supported. As such, the request for left lumbar epidural steroid injection L4/L5 is medically necessary and the prior determination is overturned.

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