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Notice of Independent Review Decision

IRO REVIEWER REPORT

Date: 12/19/2017 12:53:47 PM CST

IRO CASE #: XXXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Transforaminal Epidural Steroid Injection for Right L4/L5

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 a now XXXX XXXX with a history of an occupational claim XXXX. The mechanism of injury was described as XXXX. XXXX was diagnosed with radiculopathy of the lumbar region. MRI of the lumbar spine performed on XXXX revealed discogenic and spondylotic degenerative changes in the lower thoracic and lower lumbar spine, with no evidence of central spinal stenosis. At L4-5, there was a right lateral protrusion contacting the exiting right L4 nerve root. The previously requested transforaminal epidural steroid injection at right L4-L5 was denied due to a lack of documentation indicating that less invasive conservative care had been exhausted prior to the request. According to the clinical note dated XXXX, the patient had participated in physical therapy, used NSAIDs, had undergone activity modifications, and was participating in a home exercise program. On XXXX, the patient presented for electrodiagnostic testing. XXXX complained of persistent low back pain with radiation into the right lower extremity, along with associated numbness, tingling, and weakness to the right leg. On examination, motor strength was decreased with ankle dorsiflexion at 3/5, and right foot drop was noted. Sensation was impaired to light touch in an L4 distribution. XXXX ambulated with an ataxic gait. Electrodiagnostic studies revealed evidence of severe acute L4-5 radiculopathy on the right. The treatment plan included the recommendation to proceed with epidural steroid injection.

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

According to the Official Disability Guidelines, epidural steroid injections are recommended to reduce inflammation and increased functioning. Patient should present with clear evidence of radiculopathy on physical examination and imaging, and have previously failed methods of conservative care. In this case, the request was previously denied due to a lack of evidence regarding conservative care modalities. However, upon review of the submitted documentation, the patient was noted to have participated in a home exercise program, undergone formal physical therapy, and had been prescribed NSAIDs. However, XXXX pain was persistent, and was consistent with nerve root compression at L4-L5. Physical examination revealed diminished sensation as well as diminished motor strength, and this was confirmed on imaging with contact of the exiting right L4 nerve root. As such, guideline criteria have been met.

Therefore, the previous denial is overturned, and transforaminal epidural steroid injection for right L4-L5 is medically necessary.

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, 15th Edition (web), 2017, Low Back, Epidural steroid injections (ESIs), therapeutic