

# Independent Resolutions Inc.

An Independent Review Organization

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## IRO REVIEWER REPORT

**Date:** 1/2/2018 10:19:20 AM CST

**IRO CASE #:** XXXXX

### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar transforaminal epidural steroid injections at S1 bilateral with Dexamethasone, Versed, Fentanyl and Propofol

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

Emergency Medicine, 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 Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld    | Agree                          |

### PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a XX-year-old XXXX with a history of an occupational claim dated XXXXX. The mechanism of injury is detailed as XXXX XXXXX. The patient's diagnoses include low back pain, status post laminectomy and discectomy at levels L4-L5 and cervical spine hardware (XXXXX). An MRI of the lumbar spine was performed on XXXXX revealing mild neuroforaminal narrowing on the left L2-L3 and bilateral L3-L4, L4-L5, left lateral disc bulge at L2-L3 approximately exiting the left L2 nerve root, with surgical changes of the right laminectomy are noted at the L5-S1, a recurrent non-enhancing right paracentral disc protrusion measuring 6 mm encroached upon the right anterior lateral recess that contacted the descending right S1 nerve root, and lateral osteophyte complexes causing mild to moderate bilateral neuroforaminal narrowing that contact the exiting L5 nerve roots. Progress note dated XXXXX revealed that the patient complained of lower back, bilateral buttocks, bilateral lower extremities, bilateral feet, and bilateral hip pain rating at an 8 of 10 that was characterized as severe, constant, sharp, and shooting. The patient stated that certain medications such as NSAIDs help relieve pain. The physician reported since the original onset of pain the patient has undergone pain management procedures such as

epidural steroid injections, and manual medication including chiropractic adjustments. Physical examination revealed painful extension and flexion to the lumbar spine, positive, quadrant loading on the bilateral L5-S1, L3-L4, tenderness to palpation of the facet joints at bilateral L3-L4 and bilateral L5-S1, bilateral L1-L4, and sacroiliac joints, positive straight leg raise test to the right, decreased muscle strength to the left quadriceps and gastrocnemius, decreased motor strength to the right quadriceps and gastrocnemius, and decreased right lower extremity sensation to pinprick at bilateral L5 dermatomes. An addendum dated XXXXX revealed that the patient had epidural steroid injections prior to previous surgeries but not since XXXX most recent injury. Previous treatments included therapy for two months. The physician's treatment plan included a lumbar transforaminal epidural steroid injection with anesthetic block to the S1 bilaterally with dexamethasone, Versed, fentanyl, and Propofol, and fluoroscopy. The original request was denied on XXXXX due to insufficient documentation of decrease pain or objective improvement with prior epidural injections. The appeal was denied on XXXXX due to insufficient documentation of decreased pain, objective improvement, or decreased medication requirements as a result of previous epidural steroid injection. An additional appeal was denied on XXXXX due to a lack of a positive response to prior injections and lack of cooperation physical examination findings and diagnostic testing.

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

The Official Disability Guidelines recommend epidural steroid injections for patients who have evidence of radiculopathy through physical exam and imaging and who have failed non-operative measures such as; exercises, physical methods, NSAIDs, muscle relaxants, and neuropathic drugs. Injections should be performed using fluoroscopy. The guidelines additionally state that the use of sedation during ESI remains controversial. Sedation is less often indicated during lumbar ESI compared with cervical ESI because fewer patients experience a vasovagal reaction, which is likely an indicator of anxiety. According to a multidisciplinary collaboration led by the FDA, heavy sedation should be avoided in favor of sedation light enough to allow the patient to communicate during the procedure. This patient complains of lower back, bilateral buttocks, bilateral lower extremities, bilateral feet, and bilateral hip pain rating at an 8 of 10. Physical findings included decreased sensation to the bilateral L5 dermatomes, and positive straight leg test. Imaging findings corroborated the diagnosis of radiculopathy. However, there is no clear indication of previous treatments attempted and failed as a result of the injury dated XXXXX. There is an addendum stating that the patient has not received a lumbar epidural steroid injection, however there is no clear indication of an attempt at physical therapy or exercise after the recent injury. Additionally, the guidelines do not support the use of heavy sedation during epidural steroid injections unless otherwise stated.

As such, the prior denials for Lumbar transforaminal epidural steroid injections at S1 bilateral with Dexamethasone, Versed, Fentanyl, and Propofol are 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, 15th Edition (web), 2017, Low Back/ Epidural steroid injections (ESIs)