

True Resolutions Inc.
Notice of Independent Review Decision

Case Number: XXXX

Date of Notice: 7/16/2018 2:13:25 PM CST

True Resolutions Inc.

An Independent Review Organization

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IRO REVIEWER REPORT

Date: 7/16/2018 2:13:25 PM CST

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Lumbar Epidural Steroid Injection at L4/5 and Caudal Epidural Steroid Injection at C4/5, C5/6, C6/7

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: Anesthesiology, 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 now XX with a history of an occupational claim from XX. The mechanism of injury is detailed as a XX. The current diagnosis is documented as radiculopathy to the cervical region. Past treatment included brace, medications, and physical therapy. An MRI of the lumbar spine was performed on XX and showed disc bulge at the L4-5 level with mild spinal canal narrowing. An MRI of the cervical spine was performed on XX and showed stenosis at the C5-6 and C6-7 level with no abnormalities at the C4-5 level. On XX, it was documented this patient had complaints of pain to the low back that radiated to the right lower extremity as well as to the neck that radiated to the left upper extremity. XX rated XX pain as 8/10. Upon physical examination, it was noted XX had restricted range of motion to the neck and low back.

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 to reduce pain and inflammation thereby facilitating progress in an active therapy. They are to be given on the basis of radiculopathy that corroborates with imaging after the failure of conservative care. The clinical documentation submitted for review indicated this patient had pain to the low back and neck that radiated to the upper and lower extremities despite conservative care. Imaging showed pathology. However, there was no documentation noting pathology to the C4-5 level on imaging. Additionally, there was no information noting significant quantitative objective findings indicative of radiculopathy on physical

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examination. Further, clarification is needed regarding caudal injections at the C4-5, C5-6, and C6-7 level as 'caudal' refers to the low back area and 'C' refers to the cervical spine. Also, epidural steroid injections to the cervical spine are not recommended. Consequently, the request is not medically necessary.

As such, the requested Lumbar Epidural Steroid Injection at L4/5 and Caudal Epidural Steroid Injection at C4/5, C5/6, C6/7 is upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☒ MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Low Back (updated 07/06/2018), Epidural steroid injections (ESIs), therapeutic.