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Notice of Independent Review Decision

Patient Name:	XX	***Case Number:***	XX
Review Type:	Preauthorization	***Date of Notice:***	7/03/18
Coverage Type:	Workers' Compensation	***IRO Certification No.:***	XX

Review Outcome

Description of the service or services in dispute:

Bilateral lumbar L5 nerve block
64483 - Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT)
64484 - Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT)

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

Board Certified PM&R

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)

XX is a XX who was diagnosed with lumbar radiculopathy (M54.16). XX sustained a work-related injury on XX, while XX was XX XX XX and fell back. XX went XX XX XX and hit back. XX worked at XX at the time of injury.

On XX, XX was seen by XX, NP for low back pain. The pain had been present for many years and got worst recently. Lumbar spine examination showed moderate tenderness to paraspinals or spinous processes. On range of motion (ROM) testing, there was no loss of flexion. However, there was 25% loss of extension, axial rotation and side bending. Reflexes were 1+ at the knee and ankles.

Per an office visit dated XX, XX presented to XX, MD for follow-up of back pain. XX reported continued pain of the left lower back. XX pain improved and rated at 3/10. XX had completed physical therapy. XX was on light duty at the time. On examination, the lumbar back exhibited normal range of motion. Neurologically, XX had normal strength and normal gait. XX weight was 251 pounds.

The treatment to date included medications (XX, XX rest, activity modification, physical therapy and trigger point injections.

An MRI of the lumbar spine dated XX revealed a mild diffuse bulge, degenerative facet hypertrophy and ligamentum flavum thickening at L3-L4. The thecal sac was narrowed to approximately 9 to 10 mm anterior-posterior. At L4-L5, there was diffuse disc bulge with superimposed left paracentral disc extrusion and annular fissure, which migrated inferiorly approximately 4 mm and resulted in a mass effect on the left lateral recess. There was degenerative facet hypertrophy and ligamentum flavum thickening. The thecal sac was narrowed to approximately 8 mm anterior-posterior. Mild bilateral neural foraminal narrowing was noted. There was a combination of congenital narrowing along with L3-L4 and L4-L5 spondylosis. Disc desiccation and disc height loss at L3-L4 and L4-L5 was seen.

Per a utilization review decision letter dated XX, the requested service of bilateral lumbar L5 nerve block (64483 and 64484) was denied by XXXX, MD. Rationale: "The case was discussed with XX, who stated the MRI showed L4 and L5 nerve root impingement, but based on the physical exam notes, the L5 nerve roots were involved based on the dermatomal pattern. An MRI was not submitted for review. The records indicated normal lower extremity strength and intact reflexes with no sensory loss. The request does not meet guideline criteria since there is no objective evidence for a nerve root compression. The request for a bilateral L5 nerve block is not certified".

Per a utilization review decision letter dated XX, XX, MD had denied the requested service. Rationale: "There was a previous adverse determination dated XX whereby the reviewer noted the request did not meet guideline criteria since there was no objective evidence for a nerve root compression and the request for a bilateral L5 nerve block was non-certified. ODG indicate epidural steroid injections require documented physical examination findings consistent with radiculopathy, corroboration of radiculopathy by imaging or electrodiagnostic testing, and a failed trial of conservative treatments including physical therapy. A successful peer-to-peer call with XX, MD was made at XX. Were discussed ODG requirement for "objective findings" on physical examination indicative of radiculopathy, which in this patient's case we confirmed was not evident. XX stated that the guidelines for diagnostic epidural steroid injections should be considered in this case. However, the lumbar MRI does not show any potential causes of radicular pain apart from the left L5 nerve root. There is no evidence of physical exam findings not explained by imaging, or evidence of multi-level nerve root compression. There is no history of prior surgery. Thus, the ODG criteria for diagnostic epidural injections are also not satisfied. In this case, there is no documented evidence of bilateral L5 radiculopathy on physical examination. Furthermore, there is also no significant right-sided pathology noted on the magnetic resonance imaging. Thus, the requested epidural steroid injection is not shown to be medically necessary at this time and is denied."

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

Based on the clinical information provided, the request for Bilateral lumbar L5 nerve block, 64483 - Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT), 64484 - Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT) is not recommended as medically necessary, and the previous denials are upheld. The records indicated normal lower extremity strength and intact reflexes with no sensory loss. The request does not meet guideline criteria since there is no objective evidence for a nerve root compression. ODG indicate epidural steroid injections require documented physical examination findings consistent with radiculopathy, corroboration of radiculopathy by imaging or electrodiagnostic testing, and a failed trial of conservative treatments including physical therapy. The lumbar MRI does not show any potential causes of radicular pain apart from the left L5 nerve root. There is no evidence of physical exam findings not explained by imaging, or evidence of multi-level nerve root compression. There is no history of prior surgery. Thus, the ODG criteria for diagnostic epidural injections are also not satisfied. In this case, there is no documented evidence of bilateral L5 radiculopathy on physical examination. Furthermore, there is also no significant right-sided pathology noted on the magnetic resonance imaging. Thus, the requested epidural steroid injection is not shown to be medically necessary at this time. There is insufficient information to support a change in determination, and the previous non-certification is upheld. The Official Disability Guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. The patient's physical examination fails to establish the presence of active radiculopathy. There is no documentation of a sensory or motor deficit in a dermatomal or myotomal distribution. Therefore, medical necessity is not established in accordance with current evidence based guidelines.

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

- ☐ 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)

Appeal Information

You have the right to appeal this IRO decision by requesting a Texas Department of Insurance, Division of Workers' Compensation (Division) Contested Case Hearing (CCH). A Division CCH can be requested by filing a written appeal with the Division's Chief Clerk no later than 20 days after the date the IRO decision is sent to the appealing party and must be filed in the form and manner required by the Division.

Request for or a Division CCH must be in writing and sent to:
Chief Clerk of Proceedings Texas Department of Insurance
Division of Workers' Compensation P. O. Box 17787
Austin, Texas, 78744

For questions regarding the appeals process, please contact the Chief Clerk of Proceedings at 512-804-4075 or 512- 804-4010. You may also contact the Division Field Office nearest you at 1-800-252-7031.