

# Independent Resolutions Inc.

An Independent Review Organization

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**Date:** 6/5/2018 8:30:14 AM CST

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

Repeat lumbar ESI L5-S1, possible L4-5

## **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 XXXX with a history of an occupational claim from XXXX. The mechanism of injury is detailed as a XXXX. The current diagnosis is documented as lumbar spondylosis with radiculopathy and acute low back pain. An MRI of the lumbar spine on XXXX, documented diffuse bulge at L5-S1 disc, causing mild narrowing of the central canal and neuroforamina bilaterally, the bulge measures approximately 3 mm in size. The progress notes on XXXX, documented the patient had low back pain and left lower extremity pain. The patient reported the prior epidural steroid injection helped XXXX 50% for 2 weeks and now the pain has returned. The patient reported the pain was burning, aching, sharp, shooting, heavy, and constant. On physical examination, the patient walked with a limp, a limited range of motion to the lumbar spine, and a positive straight leg raise on the left. The patient had tenderness to the lumbar spine and bilateral L3-S1 facet joints. The treatment plan included a second lumbar epidural steroid injection, medication management, and a follow-up for reevaluation. This request was previously denied given there was no clear indication the patient's pain relief lasted for 6-8 weeks and there was no objective functional improvement or documentation of a decreased need of pain medication to support a repeat injection for this patient. Also, imaging did not reveal significant neuroforaminal narrowing at the L4-L5 level.

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

According to the provided documentation, the patient had low back pain that radiated to the left lower extremity. The patient reported a prior epidural steroid injection helped XXXX 50% for 2 weeks and now the pain has returned. On physical examination, the patient had a limited range of motion and a positive straight leg raise on the left. However, the submitted documentation did not provide evidence the patient pain relief lasted for at least 6-8 weeks as recommended by guidelines. There was no

documentation of a decreased need for pain medication or imaging evidence of nerve root compression at the L4-L5 level. There were no exceptional factors provided for review to support this injection beyond guideline recommendations.

As such, the requested Repeat lumbar ESI L5-S1, possible L4-5 is not medically necessary in the review outcome 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 Chapter, Epidural steroid injections (ESIs), therapeutic