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DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left L4-L5 lumbar epidural steroid injection X 1

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 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 the patient XXXX. The patient was initially seen on XXXX in the XXXX emergency department. XXXX had point pain to the low back at that time. The patient was seen on XXXX, XXXX was provided with naproxen and tramadol and was sent to physical therapy 3 times a week x2 weeks. XXXX claimed being 75% better as of XXXX. X-rays of the lumbosacral spine were obtained on XXXX showing no acute osseous findings. MRI of the lumbar spine was obtained on XXXX. Impression noted slight loss in height of the body of T12 and slight increase in T2 signal within the vertebral body indicating a recent, slight compression fracture. There were no other acute osseous lesion seen in the spinal contents and paraspinal structures were normal. The patient had slight compromise of the spinal canal at L4-5 secondary to a central, 3 mm disc herniation with slightly effaced the thecal sac with mild ligamentous hypertrophy. On XXXX, the patient received a left transforaminal epidural steroid injection at L4 and L5. When the patient was seen on XXXX, XXXX claimed XXXX was XXXX at work and reinjured XXXX lower back. XXXX pain level was rated at a 9/10. The patient was started on prednisone, tizanidine the patient receiving a dexamethasone sodium phosphate injection and methylprednisolone acetate injection. The patient was given physical therapy orders on XXXX. The patient's pain remained fairly unchanged at a 6/10 for several months. By XXXX, the patient had completed approximately 23 sessions of physical therapy. The patient was still complaining of severe low back pain as of XXXX. XXXX was working light duty at that time and been on pain medication without relief. The patient had reportedly received authorization for lumbar facet blocks as of XXXX. XXXX received the injections on XXXX under sedation. The patient was seen for a follow-up on XXXX and XXXX had no significant relief at all. XXXX pain was radiating into the left lower extremity with feelings of weakness, numbness and tingling in the left lower extremity. The physician was going to request a left L4-L5 lumbar epidural steroid injection with physical therapy to follow afterwards. The patient's examination and date identify that XXXX had poor heel and toe walking on the left side, decreased sensation in a left L4-5 dermatomal distribution and positive straight leg raise testing on the left. XXXX requests for the lumbar epidural steroid injection was denied on XXXX. The rationale stated

that there was no official imaging report submitted for review to establish evidence of a herniated nucleus pulposus toward the request. Moreover, the records were limited to establish a clear comparison invalidated exhaustion and failure from lower levels of care to the consideration of an epidural steroid injection. Additional adverse determination was provided from XXXX. The rationale stated that the patient did not meet criteria for receiving a lumbar epidural steroid injection. The patient will receive 25–30% pain relief for an unknown duration following the previous epidural steroid injection at the same levels in XXXX. There is also referenced the patient has been referred to an orthospine specialist and it was unclear at that follow-up had taken place.

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

The Official Disability Guidelines and stated that in order to meet the criteria for a repeat epidural steroid injection, the patient must have documented evidence of at least 50–70% pain relief for at least 6–8 weeks with evidence that the patient had a reduced need for pain relieving medications as well as functional response to the medication. The clinical documentation submitted for review include an MRI of the lumbar spine dated XXXX. However, the impression did not identify any nerve root compression at the L4-L5 level to warrant the proposed injection. Furthermore, the patient's response to the prior epidural steroid injection was insignificant and did not meet criteria for repeating the same treatment. There was minimal reduction in pain and no evidence of the patient had a reduced need for pain relieving medications nor is or evidence of functional improvement for at least 6–8 weeks to warrant a repeat injection. Based upon these findings, the current service cannot be authorized.

As such, in accordance with the previous denial, the request for left L4-L5 lumbar epidural steroid injection ×1 is not medically necessary.

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