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**DATE OF REVIEW:** 5/04/2018

**IRO CASE #** XXXXXX

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

"Bilateral L5-S1 Transforaminal ESI # 2" for the patient.

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

D.O. Board Certified in Anesthesiology and Pain Management.

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a XX patient who was injured on the job. Mechanism of injury was XX therefore complaining of severe back pain with radiation down the legs bilaterally. Date of injury is questionable as there are two dates on the chart: XXXX and XXXX. According to the chart, the patient had an MRI on XXXX that showed a disc herniation with impression on the L5 nerve root and abutment on L5 and annular disc bulge at L4-5. No report was provided in the material. Patient underwent an ESI XXXX with a reported 50% relief again no report provided. An MRI done on XXXX showed L2-3 2mm disc bulge without stenosis. L3-4 left posterolateral disc protrusion or subligamentous disc herniation measuring 4mm is creating mild left foraminal stenosis no spinal canal stenosis or disc space narrowing. On physical exam performed on XXXX, patient complained of back pain with bilateral radiation down legs bilaterally, positive leg raise test bilaterally at 30 degrees DTR's 2/4 bilaterally. Also, according to the history and physical patient has tried medication, physical therapy, and other conservative treatment without success but no documentation provided.

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

Per ODG references, the requested "Bilateral L5-S1 Transforaminal ESI #2" for the patient is not medically necessary. The physician is basing XX decision on the XXXX MRI result vs the XXXX MRI results which showed nothing at the L4-5 level or the L5-S1 level. A more recent MRI would be of great help to determine the patient's pathology if any. There is no sufficient documentation to support the patient's radiculopathy other than positive leg



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raise test. No EMG results if any were performed to show nerve injury. For these reasons, bilateral Transforaminal ESI is not medically necessary.

**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 KNOWLEDGE BASE
- AHCPR- 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 JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & 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