

Magnolia Reviews of Texas, LLC

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[Date notice sent to all parties]:

04/04/2018

IRO CASE #: XXXXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Lumbar ESI at T12-L1 62323

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

Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

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

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient has a diagnosis of compression fracture of T12. XX has previous treatment with injections that temporarily relieved XX symptoms. XX current physical examination at XX reported a normal gait with symmetrical strength and sensation. There were no focal neurological deficits.

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

ODG recommendations for epidural steroid injections of the spine include objective physical findings of radiculopathy in a dermatomal pattern. This claimant is neurologically intact with no focal deficits and no significant radicular symptoms. The recommendations from ODG do not include treatment for back pain with epidural injections. The diagnosis in this case is degenerative changes and the prior compression fracture. XX likely has spinal stenosis that is not included in ODG recommendations for epidural injections.

1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing.

The request for pre-authorization for a thoracic epidural steroid injection is not certified due to non-compliance with recommendations from ODG.

IRO REVIEWER REPORT TEMPLATE -WC

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR

OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE
IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**