

# IMED, INC.

207 Virginia Suite 208 McKinney, TX 75070

Office: 214-223-6105 Fax: 469-283-2928

Email: [imeddallas@msn.com](mailto:imeddallas@msn.com)

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## DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

XX epidural steroid injection L5-S1

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

DO, Board Certified Orthopedic

## 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]:

This injury apparently occurred while the claimant sustained a sprain of the lumbar spine. XXXX was XXXX that caused shoulder and low back pain. XXXX has treated with chiropractic care. XXXX was examined by XXXX who noted an XXXX individual with low back pain. Reflexes, strength and sensation were symmetrical in the bilateral lower extremities. XXXX had an MRI that showed degenerative changes in the lower lumbar spine with no central canal stenosis or significant foraminal stenosis. XXXX had an EMG with a finding of no lumbar radiculopathy.

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

ODG recommendations for epidural steroid injections are summarized below. This XXXX has no objective physical findings of radiculopathy that are required for consideration of injections. XXXX has symmetrical reflexes, strength and sensation in the bilateral lower extremities, a negative EMG, and MRI findings that are consistent with XXXX body habitus. There is no evidence that XXXX has had conservative care with physical therapy or exercise.

The request is non-certified due to non-compliance with ODG requirements for consideration of epidural steroid injections and not medically necessary.

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The request is non-certified due to not meeting criteria from ODG regarding diagnostic findings requiring both physical findings and intervening history.

**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**

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

**XX**