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**IRO REVIEWER REPORT**

**Date:** 5/2/2018 6:31:57 PM CST

**IRO CASE #:** XXXXXX

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Therapeutic Lumbar Epidural Steroid Injection L5-S1 on the Right 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 XX with a history of an occupational claim from XXXX. The mechanism of injury is detailed as the patient was XX back pain with radiation to both lower extremities. According to the clinical records, the patient had received a prior lumbar epidural steroid injection at the right L5-S1 XXXX and reported 50% improvement with pain, sleep, ability to walk and stand as well as the ability to work light duty and receive physical therapy. The injection did not decrease XX need for pain medications and XX still had pain in the right lower extremity radiating from the back. The patient's most recent MRI of the lumbar spine without contrast dated from XXXX noted disc desiccation with severe disc space narrowing and type II XX endplate changes. XX also had moderate bilateral facet arthropathy, circumferential disc bulging measuring 3 mm and a superimposed broad-based central/left foraminal disc protrusion (herniation) is seen measuring 5.5 mm producing mild central canal stenosis and severe left neuroforaminal stenosis impinging the left L5 nerve root in addition to mild right neuroforaminal stenosis. The patient was seen on XXXX indicating that XX still had similar symptoms from the prior epidural injection. The physician had submitted a request for a therapeutic lumbar epidural steroid injection at the L5-S1 level on the right x1. The request was denied on XXXX with the rationale stating that there was limited objective documentation of patient response to the comparison between the evaluation notes dated XXXX and XXXX to establish the pain relief and improvement in function. Furthermore, the indications for repeated blocks such as acute exacerbation of pain, or new onset of radicular symptoms was not clearly seen in the reports submitted. Moreover, the level of anxiety was not documented to support the need for sedation. The progress note dated XXXX claimed that the patient had a very successful diagnostic lumbar epidural steroid injection and therapeutic epidural steroid injection. XX still complained of some pain shooting down XX right lower extremity. The physician claimed that the patient had 50% or greater relief of pain with a diagnostic epidural steroid injection allowing XX to stand longer, walk longer, sleep better and decrease medication but only 50% or slightly better relief. XX was still having pain. The notification of reconsideration adverse determination dated XXXX again denied the request for epidural steroid injection with the rationale stating that there was conflicting documentation of reduce medication use outlined in the physician's visit notes. Current medical record dated XXXX, the patient had a reduction in use of XX medications. XX medical record dated XXXX, the patient was not decreasing XX medication addition, the medical record dated XXXX claimant the patient did have reduction use of XX

medication with guidelines requiring evidence of a "reduction in medication use.". Due to the inconsistencies mentioned above in the records, there was no clear documentation that definitively documented reduction in pain medications. This request pertains to a therapeutic lumbar epidural steroid injection at L5-S1 on the right x1.

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

The Official Disability Guidelines have stated that in order to meet the criteria for repeated epidural steroid injections, the patient must have documented evidence of 50–70% pain relief for at least 6–8 weeks in addition to documented evidence of a decreased need for pain medications and functional response. Additionally, the patient must have evidence of radicular symptoms on physical examination corroborated by imaging studies. In the case of this patient, the recent clinical notes failed to provide a comprehensive physical examination of the patient's lumbar spine and lower extremities. There is no current evidence of the patient having ongoing radicular symptoms in an L5-S1 dermatomal distribution. Furthermore, despite the patient claiming that XX had 50% reduction in pain following the prior epidural steroid injection, the patient reported that XX was still having radicular symptoms in that XX reported lower extremity pain. Lastly, there were multiple inconsistencies in regard to the patient having a reduced need for pain relieving medications following the previous epidural injections. Without confirmed evidence of the patient had ongoing radicular symptoms on physical examination that failed to respond to non-operative treatment measures, and without documenting evidence of a reduced need for pain relieving medications to include few medications taken per day, prescriptions identifying a reduced number of overall tablets dispensed to the patient, and a patient clearly stating that they no longer required the same pain relieving medication regimen as noted before the receipt of the epidural injections, proceeding with an additional epidural injection would not be within guidelines standards. As such, in accordance with the previous denial, the request for Therapeutic Lumbar Epidural Steroid Injection L5-S1 on the Right X1 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 UM KNOWLEDGEBASE
- AHRQ- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL

Official Disability Guidelines (ODG), Treatment Index, 15th Edition (web), 2017, Low Back Chapter, Epidural steroid injections (ESIs), therapeutic.