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DATE NOTICE SENT TO ALL PARTIES: 9/3/18

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a XX epidural steroid injection XX/XX (XX).

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

The reviewer is a Medical Doctor who is board certified in Anesthesia. The reviewer has been practicing for greater than 10 years.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of a XX epidural steroid injection XX/XX (XX).

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is a XXXX who was XXXX and strained XXXX XX. XXXX complains of XX XX pain. XXXX is status post XX XX-XX with XX% relief. Examination reveals strength XX/XX XX

knee extension, XX, XX XX XX and XX. MRI XX XX dated XXXX shows at XX-XX, a broad based central, XX XX XX protrusion measuring XX producing mild XX XX XX and moderate XX of the XX XX recess touching the XX XX XX nerve root. Per office visit dated XXXX, XXXX complained of XX XX pain. XXXX was a status XX XX epidural steroid injection XX month ago and XXXX reported XXXX did XX injections XX to back to back in the past which helped. XXXX took XXXX. XXXX underwent XX XX at the XX/XX on XXXX with XX percent relief. On examination, there was no deformity or XX noted. XXXX had a XX posture and had a XX gait. XX straight leg raise was XX. The XX were normal in all XX XX. XX had no XX, XX, XX, or XX noted with a XX XX range of motion of XX joints. There were no XX deficits; the sensation was intact with XX reflexes, coordination, muscle strength and tone. XX/XX XX knee extension, flexion, XX/XX XX, and XX. The problems noted were strain of XX XX and XX of the XX XX initial encounter; XX XX pain. Plan of care included medications and a repeat injection. Prior treatment included previous XX epidural steroid injection, medications, and physical therapy. The current request is for XX Epidural XX Injection XX/XX XX.

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

Official Disability Guidelines- Treatment for XX XX, Online Edition; Chapter: XX XX- XX and XX

Epidural steroid injections, diagnostic are Recommended as indicated below. Diagnostic epidural steroid XX injections are also referred to as XX nerve root blocks, and they were originally developed as a diagnostic technique to determine the level of XX pain. In studies evaluating the predictive value of XX XX root blocks, only XX percent of appropriate patients did not receive relief of pain with injections. No more than 2 levels of blocks should be performed on one day. The response to the local anesthetic is considered an important finding in determining XX root pathology. When used as a diagnostic technique a small volume of local is used (Epidural steroid injections (ESIs), therapeutic

Criteria for the use of Epidural steroid injections:
Note: The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, reduction of medication use and avoiding surgery, but this treatment alone offers no significant long-term functional benefit.
1. XX must be documented. Objective findings on examination need to be present. XX must be corroborated by imaging studies and/or electrodiagnostic testing.
2. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).

3. Infections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance.
4. Diagnostic Phase: At the time of the initial use of an ESI (formally referred to the "diagnostic phase "as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block.
5. No more than two nerve root levels should be injected using XX blocks.
6. No more than one XX level should be injected at on session.
7. Therapeutic phase: If after the initial block/ blocks are given (see "Diagnostic Phase" above) and found to produce pain relief of at least XX-XX percent pain relief for at least 6-8 weeks, additional blocks may be supported. This is generally referred to as the "therapeutic phase". Indications for repeat blocks include acute exacerbation of pain, or new onset of XX symptoms. The general consensus recommendation is for no more than 4 blocks per region per year. (CMS,2004) (Boswell, 2007)
8. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response.
9. Current research does not support a "XX of XX" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections.
10. It is currently not recommended to perform epidural blocks on the same day of treatment as XX blocks or XX XX blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment.
11. XX and XX steroid injection should not be performed on the same day;
12. Additional criteria based on evidence of risk:
a. ESIs are not recommended higher than the XX-XX level;
b. XX XX ESI is not recommended; &
c. Particulate steroids should not be used. (Benzon, 2015)

Per guidelines, repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response. if after the initial block/blocks are given and found to produce pain relief of at least XX-XX percent pain relief for at least XX-XX weeks, additional blocks may be supported. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. The duration of pain relief was not identified in the medical records. XX XX percent relief is not sufficient to justify repeat injection. Also, there was no clear evidence that the previous ESI was performed as the official procedural report was not submitted in the medical records prior to considering a repeat ESI. Therefore, this request is not medically necessary based upon the records provided.

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
- ☐ 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 (PROVIDE A DESCRIPTION)