

## **Pure Resolutions LLC**

*An Independent Review Organization*

*Phone Number:*  
*(817) 779-3288*

*990 Hwy. 287 N. Suite 106 PMB 133*  
*Mansfield, TX 76063*  
*Email: [pureresolutions@irosolutions.com](mailto:pureresolutions@irosolutions.com)*

*Fax Number:*  
*(817) 385-9613*

### ***Notice of Independent Review Decision***

#### ***Review Outcome:***

***A description of the qualifications for each physician or other health care provider who reviewed the decision:***

Anesthesiology

#### ***Description of the service or services in dispute:***

Right TESI L5-S1, with monitored anesthesia

***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)***

The patient is male who was injured on xx/xx/xx while unloading pipes from a trailer. The patient developed complaints of low back pain radiating to the right lower extremity. The patient is noted to have had a prior lumbar laminectomy and foraminotomy at L1. The patient did fail to improve with prior physical therapy. Medications did include Tylenol 3 for pain as well as Flexeril and Tramadol. It is noted the patient had prior injections; however, the time frame for injections was not specified in the clinical reports. The patient did have minimal benefits from oral steroids. MRI studies of the lumbar spine from 11/25/14 noted moderate to severe compromise of the central canal due to facet joint hypertrophy and a disc protrusion measuring almost 35mm in transverse diameter and 7mm in the AP diameter. This compressed the thecal sac and compromised the spinal canal. At L5-S1, there was no significant compromise of the disc, foramen, or central canal. The patient was seen on 02/02/15 continuing to report low back pain radiating to the lower extremities. The patient's physical examination noted sensory loss in a right S1 distribution. No focal weakness was evident. Reflexes were trace to absent at the bilateral Achilles, more so to the right than the left. The patient did ambulate with an antalgic gait. No Waddell's signs were evident on the evaluation.

The proposed epidural steroid injection transforaminally at L5-S1 with monitored anesthesia was denied by utilization review on 02/06/15 as MRI studies found no evidence of pathology at L5-S1 to warrant epidural steroid injections. There was also no indication for anesthesia services.

The request was again denied on 02/17/15 due to the lack of evidence on MRI studies of pathology at L5-S1 or evidence of clinical conditions to support MAC anesthesia.

***Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.***

The clinical documentation submitted noted ongoing complaints of low back pain radiating to the right lower extremity. The patient's physical examination did note sensory loss in a right S1 distribution; however, the provided MRI study from November of 2014 found no pertinent pathology at the L5-S1 level that would support a targeted transforaminal epidural steroid injection at L5-S1. The substantial pathology is at L4-5. The clinical documentation noted a lack of response to oral steroids. Therefore, it is unlikely that the patient would improve with transforaminal epidural steroid injections. The clinical documentation did refer to prior use of injection therapy; however, the type of injections performed was not documented. No specific information regarding the previous injections was noted in the clinical reports. The clinical documentation submitted for review also did not establish any needle phobia or procedural anxiety that would support the use of monitored anesthesia for the requested epidural steroid injection. As the clinical documentation submitted for review does not meet guideline recommendations regarding the proposed procedures, it is this reviewer's opinion that medical necessity for the request is not established at this time and the prior denials are upheld.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- 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 and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters

- Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
  
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)