

True Decisions Inc.

An Independent Review Organization

1301 E. Debbie Ln. Ste. 102 #615

Mansfield, TX 76063

Phone: (512) 298-4786

Fax: (888) 507-6912

Email: manager@truedecisionsiro.com

Date: 8/13/2018 5:35:21 PM CST

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar spine epidural steroid injection L3/4 under fluoroscopy with IV sedation due to anxiety

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]:

The patient is a XXXX with a history of an occupational claim from XXXX. The mechanism of injury is detailed XXXX. The patient had completed 4 visits of physical therapy. The patient also had NSAIDs and skeletal muscle relaxant therapy. Routine x-rays showed anterolisthesis 2 mm L5-S1 lumbar dextroscoliosis and spondylosis. The patient had trigger point injection with 40-50% improvement. On XXXX lumbar MRI found a broad 1 mm disc protrusion/herniation with a 3 mm left posterolateral component and moderate neural foraminal narrowing on the left, mild on the right at L3-4 level. The patient had a positive straight leg raise sign on the left. XXXX had moderate lumbar interspinous tenderness. The patient was recommended lumbar epidural blockade at the L3-4 interspace. On XXXX the patient underwent lumbar epidural steroid injection with sedation.

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

The Official Disability Guidelines State Epidural steroid injections (ESIs) are recommended as a possible option for short-term treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) with use in conjunction with active rehab efforts. Not recommended for spinal stenosis or for nonspecific low back pain. In this case, the documentation did not describe radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Although there was note the patient had a straight leg raise sign, there was no documentation of weakness or sensory loss in a specific dermatomal distribution. It was stated within the documents that the patient had axial low back pain.

As ESIs are not recommended for spinal stenosis or for nonspecific low back pain, the prior denial of lumbar spine epidural steroid injection L3/4 under fluoroscopy with IV sedation due to

anxiety is not medically necessary and therefore upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Low Back, Epidural steroid injections (ESIs), therapeutic Criteria for the use of Epidural steroid injections: