

December 3, 2018

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

XX-XX XX epidural steroid injection

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

Pain Management Physician

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]:

XXXX.

On XXXX, evaluated the patient for XX XX pain. The patient reported XX XX and XX range of motion (ROM). The pain did not radiate. The exacerbating factors Included bending, lifting and twisting. The patient also continued to have pain on the XX XX of the XX. The XX XX exam showed XX in the XX XX, muscle XX on the XX XX but with full ROM. The XX XX exam showed XX in the XX XX muscles and muscle XX. The diagnoses were XX of XX region and XX XX. XX and XX were prescribed. The patient was recommended to undergo physical therapy (PT).

On XXXX, the patient was seen at XXXX for initial PT evaluation. The diagnoses were XX XX and XX of the XX region. The treatment modality included therapeutic exercises.

On XXXX., evaluated the patient for the second opinion regarding XXXX back. The patient XXXX. XXXX had undergone an extensive course of conservative management including

physical therapy which actually made XXXX worse. XXXX also had undergone some injections which did not change XXXX symptoms at all. XXXX had been XX XX since the injury. The exam was normal. The MRI was reviewed showing marked XX XX at the XX-XX level. There is a lesser degree of disc XX, in fact very early, at the XX-XX level with a small XX centrally. The patient did have XX XX changes at the XX-XX level, both above and below, and there was a bright signal within the disc that was just collapsed. The diagnosis was XX XX XX at the XX-XX level XX to XX XX injury. There was also some much milder XX at XX-XX level. XXXX recommended the patient to consider a course of maximizing nonsurgical care. The patient had a complete course of nonsurgical care without even a hint of improving XXXX. The best option would be an XX disc. There were inflammatory changes of that XX-XX level. XXXX were recommended.

On XXXX, the patient was seen by XXXX for review of a XX. The XX at XX-XX level was completely painless. Even though the disc was XX, it did not seem to be a source of XXXX current XX. Therefore, the patient was recommended to undergo an XX XX disc at the XX-XX level.

On XXXX, performed XX dissection for the XX approach to the XX XX XX for XX XX surgery at on location at XX-XX level XXXX performed complete XX XX with XX back to the release of the XX XX ligament, XX interbody XX using XX XX device. The postoperative diagnosis was XX disc XX with a XX disc XX at XX-XX level.

On XXXX, the patient was seen by XXXX, for XX in the XX and XX. The prolonged sitting and standing aggravated the pain. The patient was doing well with regard to XX XX pain. PT was recommended. The patient asked whether XXXX could be seen for XXXX XX. However, this did need to be cleared with XX XX.

On XXXX, MRI of the XX XX performed at XXXX which was interpreted by XXXX. The clinical indication for the study was XX pain with XX for XX XX. The study showed XX XX disc XX associated XX XX XX at the XX-XX level. There was XX XX with mild XX XX XX as well as mild to moderate XX XX XX. There was small XX disc XX at the XX-XX level without XX or XX narrowing.

On XXXX, the patient was seen by XXXX for continued XX in the XX. On exam, the patient had XX XX and XX on XX. There was XX to palpation over the XX XX XX on the XX. The diagnoses were XX-XX disc XX and XX disc XX. PT was recommended.

On XXXX, the patient was seen at XXXX for initial PT evaluation. The diagnosis was XX XX and XX. The treatment was planned XX times a week for XX weeks.

From XXXX, the patient attended a total of XX PT sessions at XXXX. The treatment diagnoses were XX weakness, XX XX pain and other XX disc XX of the XX region. The treatment modalities included group therapy, manual therapy, home exercise program, therapeutic exercises and activities.

On XXXX, the patient was seen by XXXX for XX and XX pain. The patient still experienced

some XX pain. The XX was more XX with activities including bending, twisting or picking up heavy things. XXXX had attending PT which was helpful. Some of the exercises did aggravate the XX pain. The XX XX exam showed well-healed incision which was XX at XX most aspect. There was XX-XX XX to palpation of the XX XX processes and the strength was XX/5. XX and XX of XX XX caused pain. The diagnoses were XX-XX disc XX and XX disc XX. XXXX were discontinued.

On XXXX, the patient was seen by XXXX for XX and XX pain down XX XX and XX. The patient reported XX at the XX XX XX. XXXX was managing pain with XXXX. On exam, there was XX to palpation at XX XX processes at XX-XX and XX-XX, XX/5 strength and tenderness in XX XX XX. PT was continued. XX/nerve conduction study (XX/XX) study of XX XX XX was recommended.

On XXXX, the patient was seen by XXXX., noted reduced XX ROM in all XX and XX in the XX and XX areas. The EMG/NCV study of XX XX XX showed no evidence of XX lower XX XX XX or XX XX. XXXX referred the patient to XXXX.

On XXXX, evaluated the patient for XX and XX XX pain. The patient sustained XX injury that apparently went into dispute as not being related to the current injury. The MRI of the XX showed significant findings. The patient had undergone XX, and this evaluation indicated that the XX injury was related to the initial injury as well. The XX XX exam showed pain with palpation of XX processes, XX in the XX XX muscles, limited ROM in all XX and grip strength of XX/5. The XX XX exam showed pain with palpation of XX processes, pain in the XX XX muscles and limited ROM in all XX. Roughly XX% of anticipated healing had taken place. The diagnoses were XX XX and XX and XX XX. A referral was placed for XX.

On XXXX, the patient was seen by XXXX., for XX and mild XX XX pain. The patient also experienced XX and XX. The XX XX exam showed XX in XX XX XX, XX muscles and XX muscles. The ROM was painful. Spurling's test was XX on the XX. Forward flexion of XX XX worsened pain in the XX. The diagnoses were XX of the XX region, XX of XX, XX-XX disc XX, XX disc XX and pain in XX legs. A XX XX-XX epidural steroid injection was recommended.

On XXXX saw the patient for continued XX pain down the XX, XX XX pain and XX XX XX. The patient was on XXXX XX times a day and XXXX XX time in the morning. XXXX had completed XXXX PT and was on a home exercise program (HEP). XXXX was able to lift XX pounds at the most. On exam, there was XX-XX XX to palpation of XX XX processes, XX XX XX and XX XX and XX/5 strength. XXXX was discontinued. The work conditioning program was kept on the hold as XXXX was about to perform the XX injection.

On XXXX, the patient was seen by XXXX for continued XX pain. The XX-XX injection was considered clinically necessary, but IV sedation was requested. The patient reported XX XX XX. Therefore, the procedure was denied. The symptoms have persisted in unchanged in terms of quality and severity. The XX XX exam showed tenderness in XX XX XX, XX muscles and XX muscles. The ROM was painful. Spurling's test was XX in the XX. Forward flexion of XX XX worsened pain in the XX. The diagnoses were XX of the XX region, XX of XX, XX-XX

disc XX, XX disc XX and pain in XX legs. A XX XX-XX epidural steroid injection was proposed.

Per utilization review dated XXXX., the request for XX-XX XX ESI was denied based on the following rationale: *“There was documentation of the XX XX having XX disc XX most pronounced at XX-XX and to lesser extent at XX-XX and had XX pain with XX in the XX and had undergone conservative care and long term observation with the plan to do XX ESI at XX-XX. However, XX ESI treatment is no longer supported in the guideline criteria based on the recent evidence due to serious risks of this procedure in the XX region and lack of quality evidence for sustained benefit. Therefore, this request is noncertified.”*

On XXXX about the denial.

On XXXX about reconsideration request dated XXXX.

Per Reconsideration dated XXXX., request for the XX-XX XX ESI was denied based on the following rationale: *“The initial injury of XXXX, with complaints of XX pain. Examination documents a positive Spurling’s on the XX as well as XX-/XX XX biceps strength and abnormal light touch at XX XX XX. The injured worker has undergone extensive conservative care for the XX XX and has also completed PT to the XX XX. XXXX is participating in a home exercise program. Imaging revealed a disc XX at XX-XX with XX XX and mild to moderate XX XX XX. ODG guidelines no longer recommend XX epidural injections due to serious risks of the procedure and lack of quality evidence for sustained benefit and do not recommend excessive sedation. Therefore, I recommend non certifying the request based on the guideline recommendation and as excessive sedation is not recommended.”*

On XXXX about the denial.

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

Epidural Steroid Injection (ESI) – XX Recommendation

Not recommended based on recent evidence, given the serious risks of this procedure in the XX region, and the lack of quality evidence for sustained benefit.

a. XX

In this case, XX ESI is supported using the Appendix D as listed above. However, ESIs are not recommended higher than the XX level. The XX-XX XX epidural steroid injection is the service requested. It is higher than the XX level. Thus, the requested XX-XX ESI is not certified or medically necessary.

Medically Necessary

X Not Medically Necessary

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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES