

# IMED, INC.

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## DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

**XX epidural steroid injection**

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

**Board Certified PMR**

## REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Overturned (Disagree)

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]:

This case involves a XXXX with a history of an XX claim from XXXX. The documentation detailed the patient's mechanism of injury was due to XXXX. The patient has been diagnosed with XX XX as well as possible XX XX XX pain and probable XX XX XX pain. On XXXX this patient was seen for a follow-up. The documentation does detail XXXX has been treated with medications such as a muscle relaxer and a XX pack. The patient has participated in physical therapy and undergone an epidural steroid injection at the XX-XX level with partial improvement. The documentation detailed the patient's XX XX pain had increased with regards to frequency, severity, and distribution. The physical examination revealed sensation was XX to light touch with XX in the XX XX, XX, and XX XX. The patient had normal strength and normal reflexes to the XX XX. There was decreased range of motion to the XX XX and extension reproduce typical XX XX XX pain. There was a XX slump test on the XX side with XX of XX XX XX pain. The physician referenced an MRI showing a XX XX protrusion at the XX-XX level with severe XX recess XX and XX of the traversing XX nerve root. The physician recommended an epidural steroid injection and to follow-up in XX-XX weeks.

## ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS,

**FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

According to the referenced guidelines an epidural steroid injection is appropriate for a patient with XX that is evident on objective examination as well as imaging. A patient must have had a trial and failure of XX levels of nonoperative measures prior to the requested invasive treatment. Within the documentation it was noted this patient was seen recently and continued to complain of ongoing pain XX into the XX extremity. The objective examination did revealed decreased sensation in the appropriate XX. The patient has also been noted to have had a trial and failure of conservative measures to include physical therapy treatment as well as activity modification and medication management. Therefore, as an official MRI was submitted showing the appropriate pathology and the patient has subjective and objective findings corroborating XX the requested XX XX-XX epidural steroid injection is appropriate and therefore, the previous denial is overturned.

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

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

XX XX, Epidural steroid injections (ESIs), therapeutic

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