Becket Systems
An Independent Review Organization
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Description of the service or services in dispute:

Left L4 and L5 Lumbar epidural steroid injection

Description of the qualifications for each physician or other health care provider who reviewed the decision:

Board Certified Anesthesiology

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

- ☐ Overturned (Disagree)
- ☑ Upheld (Agree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient is a XXXX. XXXX had sustained an injury XXXX on XXXX. XXXX was XXXX, which XXXX and XXXX fell back hitting XXXX neck, shoulder, back and buttock XXX and XXXX. The XXXX hit XXXX right shin causing a contusion.

On XXXX, the patient complained of low back pain radiating into the left lower extremity. XXXX continued not to work. Physical examination showed that the toe and heel walking was poor on the left. Straight leg raise was positive on the left side and there was decreased sensation in left L4-L5 dermatome.

Treatment to date consisted of medications, physical therapy and lumbar epidural steroid injection at L5-S1 level.

Electrodiagnostic study dated XXXX showed electrophysiological evidence of bilateral mild motor neuropathy in the legs (involving the tibial and peroneal motor nerves). Findings were compatible with electrophysiological evidence of a left L3 and bilateral S1 radiculopathy.

An MRI of lumbar spine dated XXXX was normal.

X-rays of the lumbar spine dated XXXX were normal.

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

The decision to deny the request for a Left L4 and L5 Lumbar epidural steroid injection is UPHELD

In the review dated XXXX, by XXXX, XXXX determined that the neurologic assessment was not suggestive of radiculopathy related to the L4-L5 dermatome. In addition, MRI findings were not fully suggestive of radicular pathology at the L4-L5 level. This conclusion is significant given the results of an electrodiagnostic study demonstrating left L3 and bilateral S1 radiculopathy.

XXXX also concluded that there no objective assessment of patient's level of anxiety in the medical report to support the use of anesthetics. However, in the report dated XXXX, XXXX did note that the patient had a needle anxiety.

In the review dated XXXX by XXXX, XXXX determined that the requested level of left L4-L5 did not correspond to the patient's EMG.

Both of these reviews correctly note that the proposed ESI has no correlation with the clinical finding. Since the first diagnostic ESI was not effective, a repeat diagnostic ESI may be performed, particularly if the technical approach is different. However, in this case, the requested second ESSI has no radiologic or electrodiagnostic correlation.

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
- ☐ AHRQ-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 Medical Literature (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)

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