



14785 Preston Road, Suite 550 | Dallas, Texas 75254  
Phone: 214 732 9359 | Fax: 972 980 7836

**DATE OF REVIEW:** 6/07/2018

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Bilateral TESI with Fluoroscopy and Monitored Anesthesia for lumbar Spine.

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

D.O. Board Certified in Anesthesiology and Pain Management.

**REVIEW OUTCOME**

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]:**

Patient is a XXXX with a history of work related injury from XXXX which originated while XXXX. Patient had a previous history of back problems and had back surgery (L4-5 back fusion) in XXXX. At last visit on XXXX, patient complained of back pain as aching, stabbing, shooting, and sharp in nature. Lower extremity pain bilateral in gluteal region and foot diffusely with associated right leg numbness, numbness is present constantly with varying intensity average VAS score 6/10. Patient underwent conservative treatment to include but not limited to oral medications (XX, XX, XX), physical therapy and MRI. MRI of lumbar spine XXXX showed postsurgical changes and mild degenerative changes. MRI done XXXX with impression of prior laminectomy and bilateral pedicle screw fusion at L4-5. There was significant inhomogeneity artifact which obscured examination at that level. The patient had a sizeable disc herniation at L5 measuring 7mm on coronal T1 weight imaging. On physical examination, patient was reported to have decreased pinprick sensation at the L5 dermatomes bilaterally down the outside of the thigh, back of the legs, shins, and middle of the foot. XXXX also had decreased sensation at the S1 level down the leg into the outer ankle. There was no evidence of weakness from L1-S1, lower extremity reflexes 1/5 for patellar and 0/5 at ankle. Straight leg raise test positive bilaterally in sitting position. ROM lumbar spine normal.

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

Per ODG references, the requested “Bilateral TESI with Fluoroscopy and Monitored Anesthesia for lumbar Spine” is medically necessary. Patient has evidence of large disc herniation at L5 on MRI, and patient has radiculopathy bilaterally indicated by bilateral positive leg raise test. Patient has decreased sensation in legs with associated numbness, and decreased reflexes bilaterally. Patient failed conservative treatment with physical therapy and medications, therefore Bilateral TESI with fluoroscopy and monitored anesthesia care for the lumbar spine is necessary.

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



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- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE KNOWLEDGE BASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & 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