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An Independent Review Organization

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IRO REVIEWER REPORT

Date: 5/9/2018 3:16:15 PM CST

IRO CASE #: XXXXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Right lumbar epidural steroid injection L4, L5 with TIVA

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]: This case involves a now XX with a history of an occupational claim from XXXX. The mechanism of injury is detailed as the patient was XX injuring the low back. Prior treatment included physical therapy, injections, and activity modification. An MRI of the lumbar spine on XXXX, documented no disc bulge and the neuroforamina was patent until 4–L5 level. An electro diagnostic report on XXXX was a normal study with no evidence of lower extremity radiculopathy. The clinical note on XXXX, documented the patient had low back pain radiating down the right leg. The patient reported the pain was burning, shooting, and stabbing and rated the pain a 6/10. On physical examination, the patient had an antalgic gait, a limited range of motion that was painful with flexion and left rotation, facet tenderness, and positive facet loading bilaterally. The patient had a positive straight leg raise at 30° on the right and 60° on the left with a decreased motor strength bilaterally. The patient had a decreased sensation to the right lower extremity and decreased deep tendon reflexes. It was documented that the patient had a right lumbar epidural steroid injection at the L4–L5 level with 65% improvement for XX on XXXX. The current diagnosis is documented as a sprain of the ligaments of the lumbar spine. The treatment plan included continuation of medication management and to follow-up for reevaluation in XX.

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

According to the provided documentation, the patient had low back pain that radiated to the right lower extremity and rated the pain a 6/10. On physical examination, the patient had a positive straight leg raise at 30° on the right, decreased motor strength bilaterally, and decreased sensation to the right lower extremity. It was documented that the patient had an epidural steroid injection at L4-L5 level with a 65% improvement for XX on XXXX. Although there was evidence of greater than a 50% pain relief for greater than XX, the provided imaging and electrodiagnostic testing did not document nerve compression at the L4-L5 level and there was no evidence of a decrease in medication usage or increase in functional response for this patient with the prior injection. Also, there was no evidence the patient had anxiety to support sedation with epidural steroid injection.

As such, this request is not appropriate for this patient. Based on the above documentation, the requested Right lumbar epidural steroid injection L4, L5 with TIVA is not medically necessary and the prior determination is upheld.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHRQ- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Low Back Chapter, Epidural steroid injections (ESIs), therapeutic