MEDICAL EVALUATORS
OF TEXAS ASO, L.L.C.
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DATE OF REVIEW: November 12, 2018

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
XX XX XX XX Injection under XX with Monitored Anesthesia

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
This case was reviewed by a board-certified Physical Medicine and Rehabilitation who is currently licensed and practicing in the state of Texas.

REVIEW OUTCOME
Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:
☒ Upheld

EMPLOYEE CLINICAL HISTORY [SUMMARY]:
The claimant is a XXXX. According to record review by XXXX, the claimant was diagnosed with XX XX and minimal XX at XX-XX and XX-XX discs. The claimant has been previously treated with multiple XX XX XX injections in XXXX, which was noted to have provided temporary pain relief. The claimant also underwent a XX XX on XXXX. According to New Patient Initial Evaluation by XXXX dated XXXX, the claimant's current XX XX pain began XXXX with pain described as XX and "XX. The pain was made worse by activity, driving and sleeping. The pain was made better by standing. The XX XX pain was worsening since its onset. Objective findings on exam revealed "XX sensation XX (XX) in the following XX: XX XX into the XX XX area down to the inside XX region, XX down the outside of the XX/XX of the XX, into the XX and into the middle of the XX and in a stocking-like distribution on the XX up to the XX and on the XX up to the XX-XX. XX extremities exam revealed XX XX/XX strength with normal tone XX-XX except: XX/XX XX XX (XX) and 4/XX XX XX XX (XX). XX walking revealed a XX XX with moderate weakness on the XX and with XX weakness on the XX. XX walking was normal. Reflexes exam revealed XX XX reflexes of XX+/XX, XX Achilles reflexes 0/XX. XX was negative XX. XX was absent XX. The claimant's gait was XX. XX testing while seated was positive XX for XX XX pain. XX signs were not present. Exam of the XX XX revealed range of motion was normal for XX in flexion, extension, XX bending despite pain with extension. The claimant was diagnosed with XX secondary to XX XX displacement, XX XX and XX XX levels. The claimant had XX of the XX XX on XXXX that revealed "XX-XX XX central XX XX-XX XX XX with XX XX (high intensity zone) extends into XX fat and indents the XX XX. XX XX contributes to mild XX XX and moderate to severe XX XX XX XX. XX-

XX XX central XX protrusion XX XX XX extends into XX fat and XX the XX XX. XX XX contributes to mild XX XX and moderate to severe XX XX XX XX." Additionally the XX found "multilevel XX XX with severe contact on XX XX XX roots, moderate to XX contact on XX XX XX root and moderate contact on XX XX XX roots in the XX XX." The claimant was recommended XX XX XX Injection under XX with Monitored Anesthesia at XX XX, XX, XX.

Prior UR letter dated XXXX denied the request for XX XX, XX, XX XX XX XX Injection under XX with Monitored Anesthesia based on evidence-based guidelines stating "repeat injections should be based on continued objective documented pain relief, decreased the need for pain medications, and functional response. Indications for repeat blocks include acute exacerbation of pain, or new onset of XX symptoms. In this case, the patient complained of XX XX pain and XX XX XX pain rated XX/XX. XXXX had multiple XX XX in XXXX with reported improvement in symptoms. However, prior office notes were not submitted for comparative evaluation and note for objective evidence of improvement from previous ESIs. Also, Peer Review on XXXX documented that there was no indication that this patient has any ongoing care as being reasonable and medically necessary and/or within ODG for the reported injury sustained."

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

The claimant is a XXXX who was diagnosed with XX XX secondary to XX XX displacement. The request is for coverage of XX XX, XX, XX XX XX XX Injection under XX with Monitored Anesthesia.

According to the Official Disability Guidelines (ODG), if after the initial block/blocks are given and found to produce pain relief of at least XX% pain relief for at least XX weeks, additional blocks may be supported. The indications for repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response.The indications for repeat blocks include acute exacerbation of pain, or new onset of XX symptoms. In this case, the claimant had multiple XX XX XX injections in the past in XXXX but no progress notes submitted documenting improvement in XX symptoms. There is no documentation submitted that the claimant had XX% pain relief for at least XX weeks duration after prior trial of XX XX XX injections. There is no indication that the claimant had improvement in XXXX symptoms with documented functional improvement and decrease in pain medications. There is no documentation to support that this claimant meets the criteria for repeat XX XX XX injection. Additionally, the claimant is status post XX and according to ODG, there is poor evidence for XX XX injection post XX surgery.

Therefore, based on the Official Disability Guidelines and criteria as well as the clinical documentation stated above, the request for coverage of XX XX, XX, XX XX XX XX Injection under XX with Monitored Anesthesia is not medically necessary.

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) - Online Version

XX XX injections (XX), therapeutic
XX

Appeal Information

You have the right to appeal this IRO decision by requesting a Texas Department of Insurance, Division of Workers' Compensation (Division) Contested Case Hearing (CCH). A Division CCH can be requested by filing a written appeal with the Division's Chief Clerk no later than 20 days after the date the IRO decision is sent to the appealing party and must be filed in the form and manner required by the Division.

Request for or a Division CCH must be in writing and sent to:
Chief Clerk of Proceedings Texas Department of Insurance
Division of Workers' Compensation P. O. Box 17787
Austin, Texas, 78744

For questions regarding the appeals process, please contact the Chief Clerk of Proceedings at 512-804-4075 or 512- 804-4010. You may also contact the Division Field Office nearest you at 1-800-252-7031.