363 N. Sam Houston Pkwy E.
Suite # 1100
Houston, TX 77060
281-931-1201

**October 24, 2018**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**
XX XX and XX XX Transforaminal XX XX Injection with Fluoroscopy and Monitored Anesthesia XX XX XX

**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 with sub-certification in Pain Medicine who is considered to be an expert in their field of specialty with current hands on experience in the denied coverage.

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

**Upheld (Agree)**

**PATIENT CLINICAL HISTORY [SUMMARY]:**
This is a XXXX who reportedly injured XXXX XX XX on XXXX. The claimant was initially evaluated by physicians at XXXX. The claimant described XX pain radiating into the XX buttock and into the calf. The claimant had MRI of the XX XX done on XXXX demonstrated a XX paracentral sequestered disc at the XX level, moderately displacing the XX XX nerve root. XXXX also had a XX at XX/XX and disc bulges at XX/XX and XX/XX that contributed to local canal and XX. An EMG done on XXXX was consistent with a XX XX radiculopathy with spontaneous activity identified in the XX gastrocnemius, XX XX and the XX muscles. The claimant had previously trial and failure of prior conservative therapies including medications (XXXX), activity modifications, and physical therapy without much improvement.

The progress note dated XXXX revealed the claimant reported XX pain located in the XX XX XX XX region described as low XX pain as sharp and aching. The pain was worse by prolonged walking, sitting, and standing. The XX XX extremity pain was noted in the gluteus, XX calf and foot XX and numbness noted in the foot XX. The pain was rated worst of 8/10 and least XX/10. The physical exam revealed pinprick sensation decreased in the XX XX down the outside of the thigh/XX of the legs, into the leg/shins and into the XX of the feet, XX down to the leg and into

the outer ankle area. Motor testing showed well-developed and symmetrical musculature. There was no evidence of any weakness in lateral XX, XX, and XX-XX. No atrophy or fasciculations were noted. Tone was normal. Reflexes exam revealed right Achilles 2.XX/XX, XX Achilles 0-XX-/XX. Straight leg raise testing while seated was positive on the XX for radiating leg pain and gluteal pain. Exam of the XX XX range of motion was normal for age in flexion, extension, rotation and lateral bending despite pain with flexion and extension. The impression was XX disc displacement with radiculopathy. The claimant was recommended XX selective nerve root block/transforaminal XX XX Injection XX XX and XX with fluoroscopy and monitored anesthesia. The prior adverse determination letters denied the request for XX XX-XX XX because the need for the local anesthesia is not listed and thus the request for the procedure was denied.

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

Based on the clinical information submitted for this review and reviewing the Official Disability Guidelines (ODG), the request for XX XX and XX XX Transforaminal XX XX Injection with Fluoroscopy and Monitored Anesthesia XX XX XX is not medically necessary.

According to Official Disability Guidelines (ODG), XX XX injection (XX) is recommended as a possible option for short-term treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) with use in conjunction with active rehab efforts. The purpose of XX XX injection (XX) is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, the reduction of medication use and the avoidance of surgery, but this treatment alone offers no significant long-term functional benefit. In this case, the medical records submitted revealed no documentation that the claimant is participating in XX such as XX in conjunction with XX. Also, the requested XX XX-XX XX procedure is with monitored anesthesia, but there is no medical rationale documented the need for the anesthesia. According to the ODG for XX XX chapter, the use of sedation during XX remains controversial. For these reasons, the request of XX XX and XX XX Transforaminal XX XX Injection with Fluoroscopy and Monitored Anesthesia is not medically necessary and appropriate. Thus, the request is non-certified.

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

Official Disability Guidelines
Chapter – Low XX (updated XX)
XX XX injections (XX), therapeutic
Criteria for the use of XX XX injections:
Note: The purpose of XX is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, the reduction of medication use and the avoidance of surgery, but this treatment alone offers no significant long-term functional benefit.
(1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing.

(2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, muscle relaxants, and neuropathic drugs).
(3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance.
(4) Diagnostic Phase: At the time of initial use of an XX (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases, a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections.
(XX) No more than two nerve root levels should be injected using transforaminal blocks.
(6) No more than one interlaminar level should be injected at one session.
(7) Therapeutic phase: If after the initial block/blocks are given (see "Diagnostic Phase" above) and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported. This is generally referred to as the "therapeutic phase." Indications for repeat blocks include acute exacerbation of pain, or new onset of radicular symptoms. The general consensus recommendation is for no more than 4 blocks per region per year. (CMS, 2004) (Boswell, 2007)
(8) Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response.
(9) Current research does not support a routine use of a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 XX injections for the initial phase and rarely more than 2 for therapeutic treatment.
(10) It is currently not recommended to perform XX blocks on the same day of treatment as facet blocks or sacroiliac blocks or XX sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment.
(11) Cervical and XX XX XX injection should not be performed on the same day. (Doing both injections on the same day could result in an excessive dose of steroids, which can be dangerous, and not worth the risk for a treatment that has no long-term benefit.)
(12) Excessive sedation should be avoided.
Sedation: The use of sedation during XX remains controversial. Sedation is less often indicated during XX XX compared with cervical XX because fewer patients experience a vasovagal reaction, which is likely an indicator of anxiety. (Trentman, 2009) According to a multidisciplinary collaboration led by the FDA, heavy sedation should be avoided in favor of sedation light enough to allow the patient to communicate during the procedure. (Rathmell, 2015) For a more extensive discussion, see the Pain Chapter. See also the Neck Chapter.