

**Applied Independent Review**  
**An Independent Review Organization**

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***A description of the qualifications for each physician or other health care provider who reviewed the decision:***

Anesthesiology and Pain Medicine

***Description of the service or services in dispute:***

XX ESI XX/XX on the XX X 1; XXXX; XX N XX/XX XX Body Side/Part XX/XX

***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)***

This case involves a now XXXX with a history of occupational claim from XXXX. The mechanism of injury was detailed as a XXXX. The current diagnoses were documented as radiculopathy XX region and sprain of ligaments of the XX XX subsequent encounter. A MRI of the XX XX dated XXXX, findings revealed mild XX narrowing at XX-XX. There was a grade 1 XX of XX upon XX with bilateral XX. There was a 2 mm pseudo bulge. There was no facet arthroplasty. The central canal and foramen were patent. At XX-XX, there was a XX XX protrusion slightly eccentric to the left my contacting neural structures. There was mild facet XX. There was no central or foraminal narrowing. Office visit note dated XXXX, the patient had excruciating pain that radiated into the XX XX extremity in the left XX-XX dermatome distribution. The patient participated in physical therapy and medication which did not help. On physical examination, toe and heel walking were poor on the XX for the patient. A straight leg test was positive on the XX. There was decreased dermatomal sensation in the XX XX-XX dermatome and decreased range of motion in the XX XX, flexion extension and rotation, mild decreased 30-50%. The patient had paravertebral spasms on the XX at XX-XX facet. The patient will go to physical therapy after the injection x2. The treatment plan included XX ESI XX-XX on the XX x1; XXXX; XX N XX/XX XX Body/Side XX-XX.

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

Official Disability Guidelines recommends XX 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. If after the initial XX/blocks are given and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported. The patient had excruciating pain that radiated into the XX XX extremity in the left XX-XX dermatome distribution. The patient participated in physical therapy and medication which did not help. A MRI of the XX XX, revealed mild XX narrowing at XX-XX. There was a grade 1 XX of XX upon XX with bilateral XX. There was a 2 mm pseudo bulge. There was no facet arthroplasty. The central canal and foramen were patent. At XX-XX, there was a XX XX protrusion slightly eccentric to the left my contacting neural structures. There was mild facet XX. There was no central or foraminal narrowing. As such, the requested XX ESI XX-XX on the XX x1; XXXX; XX N XX/XX XX Body/Side XX-XX is medically necessary and overturned.

***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 XX XX 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 Médical **Literature** (Provide a description)

Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)