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DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
XX XX XX injection at XX-XX level - XX

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
American Board of Physical Medicine & Rehabilitation
American Board of Pain Medicine

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

☒ Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a XXXX who was injured on XXXX, XXXX. The patient experienced XX XX pain.

On XXXX, XXXX, evaluated the patient for XX XX pain. XXXX experienced XX XX pain more on the XX than XX and rated at 8/10. The patient had no pain relief with non-steroidal anti-inflammatory drugs, opioid and muscle relaxers. XXXX had tried physical therapy (PT) without much benefit. The pain was located in the central region radiating to the XX and XX leg. The range of motion (ROM) was stiff. The pain worsened with activity, standing and walking and improved while laying down. Other symptoms included numbness and tingling. The patient reported weakness and leg falling asleep. The vital signs indicated BMI of XXXX. On the musculoskeletal exam, there was no deformity or XX. The posture was normal, and the gait was favoring the XX side. The straight leg raise (SLR) test was positive on the XX side. The neurological exam revealed decreased sensation on the XX aspect of the XX foot. The XX foot XX flexion and XX strength was 1/5. The MRI was reviewed which showed XX XX disease (XX) at the XX-XX level with XX. The diagnosis was strain of muscle, fascial and tendon of lower XX. XXXX recommended a XX XX XX injection (ESI) at XX-XX favoring the XX side. Home exercise program (HEP) was continued.

On XXXX, XXXX completed a preauthorization request for XX ESI at XX-XX.

On XXXX, a XXXX was notified of the adverse determination. The documents reviewed included an evaluation dated XXXX. The patient presented with XX XX pain located centrally, greater on XX than XX, pain was rated 8/10 without medication. The patient reported the pain was severe and greater than 8 with radiation to bilateral legs. XXXX reported numbness, tingling and weakness. XXXX also stated the leg "falls asleep." The pain was constant and sharp. XXXX had attempted PT (amount not noted), XX drugs, XX medication and XX all with no help. XXXX reported stiff ROM. Physical exam showed decreased sensations XX aspect of the XX foot; XX foot strength was 1/5 in the XX flexion and XX. Posture and gait favored the XX. The SLR test was positive on the XX. PT was ordered on XXXX, and an MRI of the XX spine was ordered on XXXX. XXXX., denied the request for XX ESI on the basis of the following rationale: *"Per evidence-based guidelines, ESI is recommended as a possible option for short-term treatment of radicular pain with use in conjunction with active rehab efforts and it must be corroborated by imaging studies and/or electrodiagnostic testing. The patient complained of XX XX pain. The straight leg raise was positive on the XX. There was a decreased sensation and muscle strength. However, there was no imaging study submitted to support the physical findings. Furthermore, the actual physical therapy reports were not submitted to verify failure of therapy."*

On XXXX, XXXX was notified of reconsideration adverse determination. The reconsideration request was completed on XXXX. XXXX., upheld the denial on the basis of the following rationale: *"Per evidence-based guidelines, ESI is recommended as a possible option for short-term treatment of radicular pain with use in conjunction with active rehab efforts and it must be corroborated by imaging studies and/or electrodiagnostic testing, and unresponsive to conservative treatments. The patient complained of XX XX pain. The straight leg raise was positive, with sensory deficit and weakness documented on the XX. However, as in the previous request, there was no imaging study submitted to corroborate radiculopathy and support the physical findings. Furthermore, the actual physical therapy reports still not submitted to verify the failure of conservative treatments. Thus, the request is not supported."*

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

As indicated above from the previous reviews and denials, there was no imaging study submitted to corroborate radiculopathy. It is noted per XXXX that XXXX reads XXXX own MRI. The MRI was reviewed which showed XX XX disease (XX) at the XX-XX level with XX. There is no mention on severity or other levels. No official report is available. XX at the XX with XX does not corroborate 1/5 weakness in XX ADF and APF. According to the ODG, it must be corroborated by MRI or electrodiagnostic study. Therefore, XX at XX is not certified or medically necessary at this time.

XX: Indications for diagnostic XX XX injection

1. To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below:
2. To help to evaluate radicular pain generator when physical signs and symptoms differ from that found on imaging studies

3. To help determine pain generators when there is evidence of multi-level nerve root compression
4. To help determine pain generators when clinical findings are consistent with radiculopathy (e.g. dermatomal distribution) but imaging studies are inconclusive
5. To help to identify the origin of pain in patients who have had previous spinal surgery

XX Therapeutic

Recommended as a possible option for short-term treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy) with use in conjunction with active rehab efforts. Not recommended for spinal XX or non-specific XX XX pain

Indications of ESI

Note: the purpose of ESI 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 long-term functional benefit.

1. Radiculopathy (due to herniated XX, but not spinal XX) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging and/or electrodiagnostic testing.
2. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDS, muscle relaxors, & neuropathic drugs).
3. Injections should be performed using fluoroscopy (live X-ray) and contrast for guidance.
4. Diagnostic phase: At the time of initial use of an ESI (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 multi-level 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.
5. No more than 2 nerve root levels should be injected using transforaminal blocks
6. No more than 1 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 percent 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 is for no more than 4 blocks per region per year.
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 ESI 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. XX 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.

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

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**