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An Independent Review Organization

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DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

XX XX epidural XX injection at XX XX-5 with epidurography

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 XXXX with a history of an occupational claim from XXXX. The mechanism of injury was not detailed in the information provided for review. Prior treatment included XX surgery in XXXX, medication management, and activity modification. The office visit note on XXXX, documented the patient had XX XX pain radiating to the XX lower extremities and rated the pain a 7/10. The patient reported the pain was constant and there was associated leg cramps, fatigue, stiffness, and weakness. On physical examination of the XX XX, the patient had a positive straight leg raise on the left at 50 degrees and on the right at 40 degrees. The patient had tenderness to palpation to the XX XX, a decreased range of motion, diminished strength, and muscle spasm to the XX XX. The patient reported XX and stiffness and the patient had tenderness to the XX facet joint levels from XX-XX. An MRI of the XX XX on XXXX, documented a diffuse XX complex and XX causing neural going to the XX and XX at the XX-XX level XX. The treatment plan included continuation of medication management, a XX epidural XX injection, and a follow-up for reevaluation.

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 XX XX pain with radiation to the XX

lower extremities and the patient rated the pain a 7/10. On physical examination, the patient had a positive straight leg raise on the left at 50 degrees and on the right at 40 degrees, a decreased motor strength, diminished strength, and muscle spasm to the XX XX. The patient had evidence of nerve root compression on imaging at the XX-XX level. However, there was no clear evidence the patient was initially unresponsive to conservative management including exercise, physical methods, or muscle relaxants before consideration of an epidural XX injection. Guidelines do not recommend epidurography with a XX epidural XX injection and there were no exceptional factors provided to support this request beyond guideline recommendations.

As such, the medical necessity of this request was not established for this patient. Based on the above documentation, the requested XX XX epidural XX injection at XX XX-5 with epidurography is not medically necessary and the review outcome is upheld.

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

MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), XX, XX XX Chapter, Epidural XX injections (ESIs), therapeutic