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DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

XX Transforminal ESI with Fluro and monitored anesthesia XX, XX, XX

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 XX claim from XXXX. The mechanism of injury is detailed as a XXXX. The current diagnosis is documented as XX displacement with radiculopathy. The patient underwent an MRI of the XX XX XXXX, which was noted to reveal a prominent XX mm AP diameter XX herniation visualized XX centrally at the XX-XX level contributing to XX compression and severe XX. Additional XX/bulge visualized at both XX-XX and XX-XX in conjunction with XX thickening and XX contributing to severe XX with XX of the XX at those levels. During the assessment on XXXX, the patient was evaluated for XX pain. The patient reported that the pain was made worse by riding in a car, getting up from a sitting position and sitting, and was made better with medication and shifting weight. The XX extremity pain was noted in the XX region and XX, XX and XX thigh. The patient described the XX extremity symptoms as aching, burning, throbbing and stabbing. Prior treatment included physical therapy, activity modification, and bracing, which failed to provide relief of symptoms. XXXX rated XXXX pain a 7-9/10. Pinprick sensation was decreased in the XX XX across the front of the thigh into the inside part of the knee and XX level into the XX kneecaps, and down to the XX ankle region. XX while in the sitting position was positive bilaterally for radiating leg pain and gluteal pain. A transforaminal injection procedure under fluoroscopic guidance was recommended and bilateral XX, XX and XX.

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

The guidelines indicate that the purpose of epidural steroid injection is to reduce pain and inflammation, thereby facilitating process and more active treatment programs, the reduction of medication use and the avoidance of surgery, but the treatment alone offered no significant long-term functional benefit. The records indicate that the patient had failed non-operative treatment. The patient reported XX pain that radiated into the XX lower extremities. Pinprick sensation was decreased in the XX XX level, across the front of the thigh and into the inside part of the knee and at the XX level into the XX kneecaps, and down the inside ankle region. However, the request as submitted also included monitored anesthesia. The guidelines specify that excessive sedation should be avoided during the epidural steroid injection procedure. Additionally, a plan for participation in an active treatment program following the proposed injection was not indicated.

Therefore, the decision to deny XX transforaminal ESI with fluoroscopic guidance and monitored anesthesia XX, XX and XX is upheld and request is not medically necessary.

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), 2018, Low Back, Epidural steroid injections (ESIs), therapeutic