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An Independent Review Organization

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DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: XX and monitored anesthesia

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 checked="" type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a XXXX with a history of an XX claim from XXXX. The mechanism of injury was not detailed in the documentation provided for review. Prior relevant treatment includes a XX XX, XX XX, XX XX injections, CT, MRI and medication. According to the XX XX, there was mild XX of the XX XX, small broad-based XX XX present at XX-XX and XX-XX contributing to XX narrowing and XX XX XX with a small incidental XX XX XX and non-obstructing XX XX XX. On XXXX the patient was seen complaining of XX XX XX pain rated XX-XX/XX. The symptoms were worse since last evaluation. The patient complained of XX XX XX pain XX and XX distribution, numbness in the XX and XX distribution and weakness XX and XX. It was stated "this is similar pain to what was treated XXXX with good relief, 65-75%, lasting 5-6 months with gradual return of pain". Current treatment includes activity modification, medications and home exercises program that is providing little relief of XXXX current symptomology. On examination pinprick sensation was decreased in the XX XX and XX. Motor testing showed well-developed and symmetrical musculature of the XX XX XX with no evidence of weakness XX-XX. The patient's gait was XX and XX and XX. Straight leg raise testing was seated was XX. There was a maximum point tenderness the XX XX XX XX muscles

with range of motion limited in XX by pain. Patient was diagnosed XX XX XX XX-XX and XX XX fusion; chronic pain syndrome; XX disruption without XX; XX XX and XX secondary to XX XX displacement. The treatment plan was for XX XX and XX XX XX steroid injection.

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

The Official Disability Guidelines state epidural steroid injections (ESIs) are recommended as a possible option for short-term treatment of radicular pain (defined as pain in XX distribution with corroborative findings of XX) with use in conjunction with active rehab efforts. Not recommended for XX XX or for nonspecific XX XX pain. If after the initial block/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. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response. In this case, the patient had a XX XX and XX XX XX steroid injection on XXXX. Prior to the injection pain was a XX-XX. On XXXX the patient reported symptoms were markedly better and XXXX was pleased with the relief XXXX obtained from the XX. XXXX pain was a XX-XX/XX. XXXX reported XX% relief at that time. The most recent visit was XXXX where it was stated "this is similar pain to what was treated XXXX with good relief, XX-XX%, lasting XX-XX months with gradual return of pain". The patient had a reduction in pain and did not require intervention within the interim and reported benefit until being seen in XXXX.

Therefore, given the relief obtained with previous injection, then a repeat XX XX and XX XX XX XX injection with XX and monitored XX is supported. As such, the prior denial is medically necessary and overturned.

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, XX XX, Epidural steroid injections (ESIs), therapeutic