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DATE OF REVIEW: 3/25/2019

IRO CASE # XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

“Therapeutic XX Epidural Injection XX-XX on the XX” for the patient.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

D.O. Board Certified in Anesthesiology and Pain Management.

REVIEW OUTCOME

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]:

The patient is a XX-year-old XX complaining of XX pain, XX XX pain and associated numbness. Mechanism of injury is a XX XX at work. Patient had X-ray, MRI, XX therapy, medication, and epidural steroid injections. MRI done on XX had the following conclusion: XX-XX XX protrusion, XX-XX XX disc XX, XX-XX XX disc XX more to the XX, XX-XX XX pseudo XX. An ESI on the XX at XX was performed on XX with no apparent relief according to medical records, then a second ESI was performed on XX with a reported relief of 50% or more in symptoms. Patient pain score ranges from XX-10/10 on VAS scale.

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

Per ODG references, the requested “Therapeutic XX Epidural Injection XX-XX on the XX” is not medically necessary. Although patient had reported 50% relief from second ESI that lasted about XX weeks, on the subsequent follow ups after the procedure the physician failed to report any objective findings



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to support a repeat of the epidural injection. Therefore, a therapeutic XX Epidural injection XX-XX on the XX is not certifiable.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE KNOWLEDGE BASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW XX PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES