MEDICAL EVALUATORS
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DATE OF REVIEW: April 1, 2019

IRO CASE #: XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Therapeutic XX Epidural Steroid Injection at XX XX-XX, as Outpatient

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR WHO REVIEWED THE DECISION
This case was reviewed by a physician who holds a board-certification in Anesthesiology with sub-certification in Pain Medicine. The reviewer is currently licensed and practicing in the State of Texas.

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

☒ Overturned

EMPLOYEE CLINICAL HISTORY [SUMMARY]:
The claimant is a XX-year-old XX who was injured on XX while XX was XX XX XX and felt a pain on XX XX XX. The claimant had MRI of the XX XX on XX that revealed “at XX-XX, there is a diffuse XX XX measuring up to XX mm in the neural XX regions XX, which resulted in XX and mild XX neural XX XX. There was also a superimposed broad-based posterior central XX XX measuring a total of XXmm AP and containing an XX tear, which suggested an acute injury. The disc XX the XX aspect of the XX XX. At XX-XX, there is a broad-based XX neural XX to XX neural XX XX XX measuring up to XXmm AP, which resulted in moderate to severe XX and moderate XX neural XX XX.”

Office Visit Note by XX dated XX documented the claimant complained of XX XX pain that radiated into XX XX XX XX. The pain was described as sharp, stabbing, burning, throbbing and constant. XX further documented the claimant rated XX pain level as a 7-9/10 and aggravated by sitting, walking, and lying down. Objective findings on examination documented by XX included XX/XX walking XX and positive straight XX test on the XX. XX documented the claimant experienced minimal or no help after multiple sessions of XX therapy and listed the claimant’s medications as XX, XX, and XX. The claimant underwent ESI at the XX XX-XX level on XX and ESI at the XX XX-XX level on XX.

Office Visit Note by XX dated XX documented the claimant complained of XX XX pain radiating into the XX XX XX. The claimant rated XX pain level as 9/10. XX further documented the claimant reported greater than 90% improvement in overall pain after ESI at XX-XX level much greater than XX-XX.

Office Visit Note by XX dated XX documented the claimant complained of XX XX pain radiating into the XX XX XX. The claimant now rated XX pain 7/10. The claimant is able to stand, sit, and walk for more than XX minutes. The claimant reported overall pain relief after ESI was reported as more than 50% and the claimant reported to XX XX could sit and stand longer, XX XX, and decrease pain medicine. Objective findings on examination by XX included good XX walking, good XX walking, and positive Straight XX raise on the XX. XX recommended a therapeutic ESI on the XX XX/XX level.

Prior denial letter from XX dated XX denied the request for coverage of therapeutic epidural steroid injection at XX XX/XX due to “lack of documentation regarding 50-70% pain relief for at least XX-XX weeks. There was also a lack of documentation regarding an objective improvement in function along with the decreased need for pain medication. As such, the request for Reconsideration for Therapeutic XX Epidural Steroid Injection at XX XX-XX, as Outpatient' is not medically necessary.”

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

The claimant is a XX-year-old XX who sustained injury to XX XX XX with documented MRI evidence of XX-XX and XX-XX XX XX. The request is for coverage of Therapeutic XX Epidural Steroid Injection (ESI) at XX XX-XX level.

According to Official Disability Guidelines (ODG), “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.” Furthermore, ODG for therapeutic phase indicates if after the initial block/blocks are given and found to produce pain relief of at least 50-70% pain relief for at least XX-XX weeks, additional blocks may be required.

In this case, review of records submitted revealed the claimant underwent ESI at the XX XX-XX level on XX, which would qualify as initial ESI during the “diagnostic phase.” A subsequent progress note dated XX by XX revealed the claimant reported ESI helped > 50% but pain level was 7/10. An ESI would most likely help with XX/radicular pain and may not help as much with XX XX pain, so it is still possible for the claimant to have >50% benefit for XX pain but still have pain in the XX XX that would make the overall pain level of 7/10. Furthermore, the date of the followup note is approximately XX-XX weeks since the initial injection on XX, which is within the minimum duration of efficacy for the “therapeutic range.” Additionally, there is documentation that the claimant had reported able to sit/stand/walk longer, XX XX, and reducing pain medication usage, this also suggests that the ESI was of significant benefit. Thus, medical necessity of a repeat block

is indicated due to adequate response to the first block and according to ODG up to XX injections may be performed.

Therefore, based on Official Disability Guidelines and criteria as well as the clinical documentation stated above, it is the professional opinion of this reviewer that the request for coverage of Therapeutic XX Epidural Steroid Injections at XX XX-XX, as Outpatient is medically necessary and appropriate.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES – Online Version
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