Date notice sent to all parties: 3/29/2019

IRO CASE #: XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
The item in dispute is the prospective medical necessity of a therapeutic XX epidural steroid injection XX-XX level XX side.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
The reviewer is a Medical Doctor who is board certified in Anesthesiology.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of a therapeutic XX epidural steroid injection XX-XX level XX side.

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a XX-year-old individual who sustained an injury on XX due to XX at XX. The patient was a XX-XX. The patient was diagnosed with a strain of XX, XX, and tendon of the XX XX. Prior treatment included XX therapy, durable medical equipment, and medications. The patient received XX epidural steroid injection (undated) and was able to stand, sit, and walk longer, XX better, decrease pain medicine, and less XX. The patient had a duration of 50 percent relief for greater than XX months. The magnetic resonance imaging (MRI) of the XX XX dated XX documented mild XX-XX XX disc changes. There was likely small XX tear at XX-XX. At XX-XX, there was mild XX XX XX and mild XX XX XX on both sides. The alignment was maintained with no acute fracture seen.

According to the office visit note dated XX, the patient complained of XX XX pain. The pain radiated into the XX XX XX. The patient was able to stand, sit, and walk for more than XX minutes. The pain was rated 4-6/10. The pain was worst at 7-9/10 and best at 4-6/10. The pain was felt like constant burning and aching. The pain was better with being still and lying elevated. On examination, XX and XX XX was poor on the XX. Straight XX raise was positive on the XX. Treatment plan included therapeutic epidural steroid injection and follow up after the procedure for revaluation.

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

Based on the records submitted and peer-reviewed guidelines, epidural steroid injections should be used in cases of radiculopathy (due to XX nucleus XX, but not XX XX) and must be corroborated by imaging studies and/or electrodiagnostic testing." In this case, imaging did not reveal nerve root impingement. A prior pain diagram indicated that the pain is predominantly XX in this case. Therefore, the requested therapeutic XX epidural steroid injection XX-XX level XX side is not medically necessary.

Official Disability Guidelines- Treatment for Worker's Compensation, Online Edition
Chapter: XX XX- XX and XX

XX

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 UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK 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 (PROVIDE A DESCRIPTION)**