

MEDRx

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DATE OF REVIEW: March 25, 2019

IRO CASE #: XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

XX epidural steroid injection XX XX-XX with fluoroscopy under anesthesia (XX, XX/XX)

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/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)

The reviewer agrees with the previous adverse determination regarding the medical necessity of: XX epidural steroid injection XX XX-XX with fluoroscopy under anesthesia (XX, XX/XX)

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the Follow-Up Note dated XX, the patient presented with continued moderate to severe XX XX and XX pain associated with swelling, sensitivity and burning sensations effectively albeit temporarily treated with XX XX blockade. On physical examination, the patient's affect was continuous to show mild to moderate XX. There was pain with passive range of motion throughout the XX XX XX into the XX, mild XX and XX. The patient's generalized XX disorder (XX) was 16/21. The patient's XX XX showed good compliance. The patient was cutting down on XX. The provider was trying to cut the XX now down to just XX

XX per day. Treatment plan included epidural route of a sympathetic blockade at the XX-XX interspace. The patient would continue with neuropathic pain medicine. According to the Follow-Up Note dated XX, the patient presented due to XX XX strain. On examination, the patient had some tenderness in and around the XX XX.

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

The XX epidural steroid injection XX XX-XX with fluoroscopy under anesthesia (XX, XX/XX) is not medically necessary and is non-certified. According to the Official Disability Guidelines- Treatment for Worker's Compensation, Online Edition, Chapter: XX XX- XX and XX Epidural steroid injections, diagnostic recommended as indicated below:

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)