

# Independent Resolutions Inc.

An Independent Review Organization

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## IRO REVIEWER REPORT

Date: 4/22/2019 5:17:03 PM CST

IRO CASE #: XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: LESI with XX and anesthesia XX-XX

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

**PATIENT CLINICAL HISTORY [SUMMARY]:** XX. XX XX is a XX-year-old XX who was injured on XX. XX reported that XX was XX over a XX-pound XX at work. XX noted a XX XX into XX XX, XX, and XX, which almost completely XX XX. XX was diagnosed with XX of XX of the XX XX, initial encounter (XX.XX); XX XX pain (XX.XX); and XX, unspecified side (XX.XX). On XX, XX XX, XX evaluated XX. XX on XX for continued severe XX, XX XX, and XX XX pain below the level of the XX, associated with XX XX disruptions most notably at XX-XX and XX-XX with extrusion. The pain was rated at 6-7/10. The pain was worse XX the XX. It worsened with sitting, bending, XX, and XX. XX had a moderate-to-severe positive straight XX raising sign at 40 degrees. XX had moderate XX XX notch tenderness. XX had decreased pinprick sensation in the XX distribution. They had recommended XX epidural steroid injection (ESI) therapy. XX was expressing XX and XX associated with the procedure and XX, but XX needed something done. XX felt the medication XX XX pain. XX could not be on it forever, as it was leading to XX and XX. The plan was to decrease the dose of XX and split XX. XX needed to be off nonsteroidal anti-inflammatory drugs during the treatment period. XX was advised to avoid heavy lifting, bending, or twisting. An MRI of the XX XX dated XX revealed XX XX-XX and XX-XX XX XX, which had acute features. The treatment to date consisted of medications (XX, XX, and XX), XX therapy, rehabilitative and medical treatment, and nonsteroidal

anti-inflammatory drugs, muscle relaxants, XX, and analgesia with minimal benefit. Per a utilization review determination letter dated XX by XX XX, XX, the request for XX epidural steroid injection (LESI) with fluoroscopy and anesthesia at XX-XX was non-certified. Rationale: "Per ODG regarding XX epidural steroid injection criteria, "Radiculopathy must be corroborated by imaging studies and / or electrodiagnostic study." In this case, the XX MRI findings are inconsistent with XX XX XX. The request is not shown to be medically necessary and non-certified." Per a utilization review determination letter dated XX and utilization review peer reviewer's response dated XX by XX XX, XX, the request for XX epidural steroid injection (LESI) with fluoroscopy and anesthesia at XX-XX was denied. Rationale: "The provider has not provided any new clinical findings or compelling information to justify overturning the prior adverse determination. Guidelines require definitive objective evidence of radiculopathy that is corroborated by MRI and / or EMG to support LESI. While there is objective evidence of XX XX XX, XX XX MRI failed to demonstrate any XX recess XX or XX narrowing. As such, the request is not supported by ODG. The provider has not provided any compelling evidence of information to justify deviating from guideline recommendations. Therefore, based on the lack of guideline support and lack of sufficient documentation to support this request, the appeal request for LESI with fluoroscopy and anesthesia at XX-XX – XX injection is recommended non-certified."

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

Based on the clinical information provided, the request for XX epidural steroid injection (LESI) with fluoroscopy and anesthesia at XX-XX, XX XX XX/XX, XX/XX Anesthesia, nerve block/injection, prone is not recommended as medically necessary, and the previous denials are upheld. There is insufficient information to support a change in determination, and the previous non-certification is upheld. The Official Disability Guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. The submitted XX MRI fails to document significant neurocompressive pathology at the requested level. Therefore, medical necessity is not established in accordance with current evidence based guidelines and the decision is upheld.

**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