Applied Assessments LLC

Notice of Independent Review Decision

Case Number: XX Date of Notice: 4/22/2019 5:30:15 PM CST

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IRO REVIEWER REPORT

Date: 4/22/2019 5:30:15 PM CST

IRO CASE #: XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: XX epidural blockade at XX XX to XX/XX utilizing a XX approach under fluoroscopy with IV sedation

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:

☐ Overturned	Disagree
☐ Partially Overturned	Agree in part/Disagree in part
☒ Upheld	Agree

PATIENT CLINICAL HISTORY [SUMMARY]: XX. XX XX is a XX-year-old XX who was injured on XX due to XX XX XX XX. The diagnosis was XX (XX.XX). XX. XX is status post XX-level XX beginning at XX-XX, XX-XX, and XX-XX for a XX XX with XX on XX. XX is diagnosed with XX and XX syndrome. Per a follow-up visit note dated XX, XX documented that XX. XX continued with moderate-to-severe XX XX, XX, and XX pain, having failed surgical, rehabilitative, and medical treatment options, including a XX-level XX complicated by persistent XX XX XX. The peer reviewer had denied the request for XX epidural steroid injection. While they were looking for the ODG specifically for the XX approach, it was an epidural steroid injection. XX. XX had a XX from multiple levels. XX had XX from XX to XX-XX. As a result, the XX was a XX area of the XX XX in order to gain access to the XX XX system. It was still an epidural, and epidural was approved under ODG. As

a result of the inappropriate denial, XX. XX continued to suffer from chronic pain, further disability, further XX XX, and further requirements for XX and XX-XX analgesia. They were trying to get XX. XX off XX XX. XX noted that as a result of XX. XX's ongoing pain, XX was taking, with fair-to-good result, XX a XX-dose XX; XX as a XX XX; and XX, which they were trying to not elevate the dosing. However, due to moderate-to-severe XX, XX and XX pain, they may have to go up on the dose. Due to XX. XX's XX XX status due to XX XX, XX would require IV sedation. XX further noted that XX. XX had decreased XX in the XX distribution with a positive straight XX raising sign, moderate XX XX tenderness, and was refractory to surgical, rehabilitative, and medical treatment options. A XX XX XX trial and / or XX drug therapy would be options down the road; however, XX would naturally start with the most sensible, reasonable, cost effective, and conservative approach given XX. XX's moderate-to-severe pain. A CT scan of the XX XX dated XX identified XX. XX was status post XX-XX anterior and posterior instrumented XX without radiographic evidence of XX complication. The alignment was anatomic. The soft tissues of the XX XX were obscured along the XX segments; however, no definite XX XX XX was appreciated. There was a XX XX marginal XX at XX-XX with likely mild XX XX XX. There was mild XX XX XX at XX-XX. A CT scan of the XX and XX dated XX revealed mild XX, severe XX of the XX, remote partial XX XX, small-to-moderate-sized complex XX collection within the XX in the anterior XX wall, measuring XX cm, likely a XX or XX. XX. XX was noted to be status post XX, anterior interbody XX and XX XX XX XX at XX-XX, XX-XX, and XX-XX. The treatment to date included medications; XX therapy; home exercise program (HEP); presurgical injection therapy; XX-level XX at XX-XX, XX-XX, and XX-XX on XX; posterior XX segmental instrumentation with XX; and XX. Per a utilization review adverse determination letter dated XX, the request for XX epidural blockade at XX XX to XX-XX utilizing a XX approach under fluoroscopy with IV sedation was denied by XX, as not medically necessary or appropriate. Rationale: "The claimant has chronic pain and because ESIs do not offer significant long-term functional benefit, it would not be indicated for chronic pain. There is no imaging study documenting nerve root compression to cause a radiculopathy or the need for an ESI. Recommend non-certification for the requested XX Epidural Blockade at XX down to XX-XX utilizing a XX approach under fluoroscopy with IV sedation. Peer to peer contact was attempted but unsuccessful." Per a utilization review adverse determination letter dated XX, the request for XX epidural blockade at XX down to XX-XX utilizing a XX approach under fluoroscopy with IV sedation was denied by XX, as not medically necessary or appropriate. Rationale: "Regarding the request for a XX epidural blockade at XX down to XX-XX utilizing a XX approach under fluoroscopy with IV sedation, the ODG XX XX Chapter criteria for ESI include that "Radiculopathy (due to XX XX XX, but not XX XX) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and / or electrodiagnostic testing", and that the patient is "Initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory drugs (NSAIDs), muscle relaxants, and XX drugs)." In this case, the claimant has chronic XX XX pain. On exam, the claimant has a positive XX on the XX; however, there are no other clinical findings presented. There is no evidence of imaging studies or electrodiagnostic studies. There is no evidence of ongoing conservative treatment. Medical necessity is not established due to lack of evidence of XX on the exam and no imaging studies and / or electrodiagnostic testing to corroborate suspicions of XX. Recommend non-certification for a XX epidural blockade at XX down to XX-XX utilizing a XX approach under fluoroscopy with IV sedation." Per an appeal review adverse determination letter dated XX, the request for XX epidural blockade at XX down to XX-XX utilizing a XX approach under fluoroscopy with IV sedation was denied by XX. It was determined that the request still did not meet medically necessary guidelines. Peer-to-peer contact was attempted but unsuccessful. Rationale: "Regarding the request for a XX epidural steroid injection, ODG-TWC XX XX states that criteria for the use of epidural steroid injections include XX (due to XX XX XX, but not XX XX) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and / or electrodiagnostic testing. It must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, muscle relaxants and neuropathic drugs). Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. In this case, the claimant continues to have moderate-to-severe XX XX, XX, and XX pain, having failed surgical rehabilitative and medical treatment options including a three-level XX complicated by persistent XX XX XX. The claimant has decreased XX sensation in the XX XX with positive straight XX raising test. There is moderate interspinous

tenderness refractory to the surgical rehabilitative medical treatment options, XX XX XX. The request is for a XX epidural blockade at XX down to XX-XX. However, there is no imaging evidence of XX XX XX and XX XX XX at the requested levels. Therefore, the medical necessity of the request is not established. Recommend non-certification.

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 blockade at XX down to XX-XX utilizing a XX approach under fluoroscopy with IV sedation, XX - Under Injection, Drainage, or Aspiration Procedures on the XX and XX XX, XX - Under Anesthesia for Other Procedures 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. CT of the XX XX fails to document significant XX pathology. There is no documentation of any recent active treatment.

Therefore, medical necessity is not established in accordance with current evidence-based guidelines therefore 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