

AccuReview

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[Date notice sent to all parties]: April 8, 2019, Amended on April 23, 2019

IRO CASE #: XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

XX XX-XX, XX-XX Diagnostic Epidural Steroid Injection XX XX XX XX

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

This physician is Board certified in Anesthesiologist with over 15 years of experience.

REVIEW OUTCOME:

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

Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

XX: XX XX S-Ray, XX Views dictated by XX XX, XX. Impression: normal XX XX.

XX: XX XX X-ray, XX Views dictated by XX XX, XX. Impression: No radiographic evidence of acute fracture or XX of XX XX. Mild multilevel degenerative change of XX XX.

XX: Transcription dictated by XX XX, XX. CC: XX XX strain after XX a XX XX and XX XX went out. XX pain is in the middle of XX XX and to the XX side. Claimant is a XX XX that does a lot of XX and XX. This injury is a result of XX and XX, while at work and reported complaints of XX pain, XX stiffness and decreased flexion. There is XX XX XX pain, sudden after injury and described as sharp and aching in nature. Moderate pain 5/10 with exacerbating factors: bending and XX. ROS: muscle pain and XX pain. PE: XX XX: appears normal, tenderness presents in XX XX (muscular, XX, XX, XX, XX, and XX). Palpation reveals XX muscle spasms (muscular, XX, XX, XX, XX and XX). Limited ROM. Flexion AROM of 50 degrees and painful. Assessment: History of prediabetes XX.XX, Strain of XX region, initial encounter XX.XX. Plan:

Start XX HCL XX mg, XX XX mg, PT referral for strain of XX region, initial encounter XXx week, x XX weeks, evaluate and treat. XX support requested.

XX: Transcription dictated by XX XX, XX. CC: LBP 8/10, XX is not working and currently taking medications for injury. HPI: Claimant is here for a further evaluation of XX XX pain and would like to be taken off work because of the severe XX pain and XX. Most pain is in the XX XX, has pain with XX compression and light touch. XX cannot bend but can sit, noted muscle tightness. XX has been approved for PT and is scheduled today. reported activity makes it worse. PE: tenderness in the XX XX. Palpation in XX XX reveals XX muscle spasms with limited ROM. Assessment: strain of XX region, XX strain. Plan: Start XX ER and XX XX mg, x-ray XX XX and XX, stop XX.

XX: X-Ray, XX, XX, XX views dictated by XX XX, XX. Impression: No evidence of acute fracture. XX. Minimal wedge XX at XX, XX and XX most likely a developmental lesion or less likely chronic healed compression fractures. Minimal disc disease and XX in the XX half of the XX.

XX X-Ray, XX, XX: XX views dictated by XX XX, XX. Impression: Minimal degenerative changes at XX-XX and XX-XX and XX-XX.

XX: Transcription dictated by XX XX, XX. CC: XX strain, XX strain, continuous with constant pain, stiffness, night pain and pain when getting up, working light duty, taking muscle relaxer, still waiting for XX. Pain 7/10, 20% better. PE: XX: limited ROM, Flexion AROM of 20 degrees and painful, XX bending painful, XX XX rotation painful, XX XX XX bending painful, XX XX rotation painful, XX XX rotation painful, very guarded in movement with pain. Claimant is approximately 75% of the way toward meeting the physical requirements of XX job. Assessment: strain of XX region, start XX XXmg, administer XX IM and XX. Plan: Incorporate RICE while at home, soak effected areas in Epsom salts up to XX times a day in warm bath water, refrain from NSAIDs today.

XX: Transcription dictated by XX XX, XX. CC: XX pain, with 35-40% improvement with pain at 4-5/10. Pain is worse when taking XX strides and when XX over. XX is still doing PT and has completed XX sessions, light duty. Assessment: XX, MRI XX XX and contents, XX without contrast requested.

XX: MRI L-XX W/O dictated by XX XX, XX. Impression: 1. At XX-XX, there is an XX XX XX tear, which suggests an acute injury. 2. At XX-XX, there is a diffuse XX XX measuring up to XX mm. There is also an superimposed broad-based posterior XX XX XX measuring a total of XX mm AP and containing an XX tear, which suggests an acute injury. This XX XX flattens the XX aspect of the XX XX. There is also mild to moderate XX neural XX XX. 3. At XX-XX, there is a broad-based XX XX to XX XX disc XX measuring up to XX mm AP in the XX XX region and containing a XX XX XX tear, which suggests an acute injury. This XX impinges the XX XX XX root. 4. No XX XX fracture.

XX: Transcription dictated by XX XX, XX. CC: XX pain, pain 4/10. PE: XX XX: tenderness present in level 3 XX XX, limited ROM, flexion AROM to 20 degrees and painful, extension painful, XX XX rotation painful, XX XX rotation painful, very guarded in movement with pain. Claimant is approximately 75% of the way toward meeting the physical requirements of XX job. Assessment: XX, XX disc XX, XX XX, XX. Plan: XX XXmg, pain management referral.

XX: Consultation dictated by XX XX, XX. CC: claimant with XX pain, diagnosed with XX XX at XX-XX, XX-XX and XX XX XX. The claimant stated that the pain is severe, constant and worse in the XX XX XX. XX is working light duty, on PT and medication without any significant improvement, pain 9/10, currently taking medication. PE: XX and XX walking is poor on the XX side, deep tendon reflex is diminished on the XX XX XX and XX, SLR positive on the XX, more so than on the XX, SLR on XX is positive 20 to 30 degrees, on XX positive 40 to 50 degrees. Assessment and Plan: XX sprain and strain. Given the XX XX disc at XX-XX and XX-XX, recommend performing diagnostic or epidural steroid injection at the XX XX level that is the XX XX-XX level and the XX XX-XX XX epidural steroid injection diagnostic on separate occasion. The claimant has significant XX about XX and wishes to get sedation. RTC in XX weeks.

XX: UR performed by XX XX, XX. Reason for denial: Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request for XX XX-XX, XX-XX diagnostic ESI XX XX XX XX is non-certified.

XX: Progress Note dictated by XX XX, XX. Claimant was denied diagnostic ESI request on the XX nerve region related to ODG recommendations. XX is here, still complaining of pain and XX XX about not having XX injections approved. PE: unchanged. XX and XX XX is poor on the XX, SLR positive on the XX. Wil appeal denial of XX XX XX-XX ESI and on a separate occasion XX-XX LESI with sedation as this needs ODG.

XX: UR performed by XX XX, XX. Reason for denial: According to the consultation date XX, the claimant reported constant pain worse in the XX XX XX. The pain was 9/10. On examination, the claimant had diminished deep tendon reflex on the XX XX XX and XX. The SLR was positive in the XX, more so than on the XX. The claimant reported significant XX about XX and wished to get XX. According to the progress note dated XX, the claimant was still complaining of pain and has failed medications and XX therapy. The claimant had a 9/10 pain rating. The PE was unchanged. In this case, there was a previous adverse determination dated XX, for the request for the XX XX-XX and XX-XX diagnostic ESI (XX, XX, XX and XX). The reviewer noted that as per ODG regarding the XX epidural steroid injections, excessive sedation should be avoided. In this case, the request included a request for monitored anesthesia care (XX). The provider is requesting XX XX-XX then XX-XX diagnostic ESI under sedation due to XX with XX. Per ODG Low XX, the ESIs are recommended as a possible option for short-term treatment of radicular pain (defined as XX distribution with corroborative findings of XX) with use in conjunction with active rehab efforts. The claimant has tried and failed conservative treatment modalities. The notes provided for review reveal subjective and objective XX symptoms. Per ODG, excessive sedation should be avoided during ESI. Per ODG XX XX, even though the requested surgical procedure is medically necessary, monitored anesthesia care (XX), which necessitates the involvement of an anesthetist or anesthesiologist is not medically necessary. There was no note of extraordinary circumstances that might justify such involvement in this case. Therefore, the request is denied.

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 ODG guidelines, Epidural Steroid Injections are recommended as a possible option for short-term treatment of XX pain (defined as dermatomal distribution with corroborative findings of XX) with use in conjunction with active rehab efforts. The claimant has tried and failed conservative treatment modalities. The notes provided for review reveal subjective and objective radicular symptoms. Per ODG, excessive sedation should be avoided during ESIs. Per ODG XX XX, even though the requested surgical procedure is medically necessary, monitored anesthesia care (XX), which necessitates the involvement of an anesthetist or anesthesiologist is not medically necessary. There was no note of extraordinary circumstances that might justify such involvement in this case. Therefore, the request for anesthesia is not medically necessary yet the request for injection is approved, partially overturning the previous adverse determination as follows: XX XX-XX, XX-XX Diagnostic Epidural Steroid Injection XX XX are approved and medically necessary, yet anesthesia XX and XX for XX XX are both denied as not medically necessary for the use of anesthesia in this procedure.

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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 XX 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)**