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DATE OF REVIEW: 2/05/2019

IRO CASE # XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

“XX-XX XX XX with conscious sedation” for the patient.

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

M.D. Board Certified in Orthopedic Surgery and Sports Medicine.

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)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a XX-year-old XX with work injury to XX XX XX XX resulting in acute XX pain but now mainly XX XX pain. XX had an MRI dated XX that demonstrated XX XX changes at XX-XX with a stable XX XX XX XX that causes XX of the XX XX recess with possible impingement on the XX XX XX. XX has been treated with XX, XX XX, XX XX, and XX pain medications as well as work restrictions and XX therapy. XX has not had good relief with any of these modalities. XX has had one ESI done on XX with reported short-term relief. There is not documentation of how much better XX was from a percentage standpoint or of how long XX was improved for after the first ESI. It is documented that XX still had 10/10 XX XX pain after the injection and was requiring the same pain medications. XX continues, as of the last note, to have signs and symptoms consistent with XX radicular pain.

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



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Per ODG references, the requested "XX-XX XX ESI with conscious sedation" is not medically necessary. Repeat XX-XX ESI with conscious sedation should not be certified at this point. This is due to the lack of documentation of adequate response, either in decrease of pain or length of time of response, to the first injection to satisfy ODG recommendations for repeat ESI injection.

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 KNOWLEDGE BASE
- 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