I-Resolutions Inc.

An Independent Review Organization
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Review Outcome

Description of the service or services in dispute:

Therapeutic XX XX steroid injection at XX-XX on the XX.

XX – Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, XX, XX, steroid, other solution), not including XX substances, including needle or catheter placement, XX XX or XX, XX or XX (XX); with imaging guidance (i.e., fluoroscopy or CT)

Description of the qualifications for each physician or other health care provider who reviewed the decision:

Board Certified Anesthesiology

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

- ☑ Overturned (Disagree)
- ☐ Upheld (Agree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

XX. XX XX is a XX-year-old-XX who sustained an injury on XX while at work. XX stated that XX was XX and injured XX XX XX. XX was diagnosed with sprain of XX of the XX XX.

XX. XX was seen by XX XX, XX on XX for XX XX pain. The pain radiated into both XX extremities. MRI of the XX XX was positive for a XX XX at XX-XX on the XX and XX-XX on the XX. There were no significant changes since prior visit. On XX examination, XX had poor XX and poor XX on the XX. Straight XX XX was positive on the XX.

XX. XX presented to XX. XX on XX for XX XX pain. XX was able to stand, sit, and walk for XX than XX minutes. The pain level was 0-4/10. XX pain had improved more than 50% after XX XX steroid injection at XX-XX. XX would like another injection. On examination, XX blood pressure was XX.

An MRI of the XX XX performed on XX showed broad-based XX XX XX XX XX at XX-XX, slightly eccentric to the XX, mild narrowing of the XX XX with mild abutment of the XX XX XX and borderline mild XX present; broad-based XX XX XX at XX-XX with XX tear, mildly abutting the XX XX XX; and multilevel XX XX XX.

Treatment to date included medications, XX XX steroid injection, and XX therapy.

Per a peer clinical review report dated XX by XX, XX, the requested service XX XX steroid injection at XX XX-XX with sedation was non-certified. Rationale – “The request for the XX XX steroid injection at XX XX-XX with sedation is recommended non-certified for the following reasons. The injured worker injured XX XX XX on XX and received XX XX therapy sessions with improvement in pain, function, and range of motion. XX was complaining of pain radiating down both of XX XX extremities prior to XX XX XX steroid injection. After XX diagnostic XX ESI on XX, XX reported over 50% pain relief and a decrease in pain medications for at least XX weeks. XX still had extremity radiation in XX XX XX, and reported a consistent 0-3/10 pain scale, with the worst being 4-6/10 pain.

The Guidelines recommend a therapeutic phase ESI injection not only with a 50% pain relief for at least XX weeks but also for an acute exacerbation of pain or new onset of radicular symptoms. 0-3/10 pain levels does not indicate an acute exacerbation nor are XX radicular symptoms new, and XX is not complaining of any new symptoms. Therefore, based on the lack of clinical evidence to support another XX ESI, the request is non-certified."

Per a peer clinical review report dated XX by XX, XX, the requested service for XX XX steroid injection at XX XX-XX with sedation was non-certified. Rationale – "ODG recommends XX steroid injections as a possible option for short-term treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) with use in conjunction with active rehab efforts. They are not recommended for XX XX or for nonspecific XX XX pain. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response. Therapeutic phase: If after the initial XX / XX are given (see "Diagnostic Phase" above) and found to produce pain relief of at least 50-70% pain relief for at least XX weeks additional XX may be supported. This is generally referred to as the "therapeutic phase" Indications for repeat XX include acute exacerbation of pain or new onset of radicular symptoms. The general consensus recommendation is for no more than XX XX per region per XX. The use of sedation during ESI remains controversial. Sedation is less often indicated during XX ESI compared with XX ESI because fewer patients experience a XX reaction, which is likely an indicator of XX. Within the associated medical file, there is documentation of subjective findings of XX XX pain. The injured worker reports the pain radiates into XX extremities. The pain is rated as a 4-6/10. The injured worker reports a 50% improvement after the LESI and XX was better able to stand and walk longer and XX XX. There was a decrease in pain medications. The relief lasted for XX weeks. Objective findings include no significant changes from the last XX examination. XX MRI of the XX XX shows a broad-based XX XX XX XX XX XX at XX-XX, slightly eccentric to the XX. There is mild narrowing of the XX lateral recess with mild abutment of the XX XX XX. Borderline mild XX is present. Broad-based XX XX XX is noted at XX-XX with an XX, mildly abutting the XX XX XX. Multilevel XX XX XX is noted. On the XX determination, the reviewing physician non-certified the request for XX XX steroid injection XX XX-XX with sedation citing the rationale, "The Guidelines recommend a therapeutic phase ESI injection not only with a 50% pain relief for at least XX weeks but also for an acute exacerbation of pain or new onset of radicular symptoms. 0-3/10 pain level does not indicate an acute exacerbation, nor are XX radicular symptoms new, and XX is not complaining of any new symptoms. Therefore, based on the lack of clinical evidence to support another XX ESI, the request is non-certified. "However, there remains no clear documentation of an acute exacerbation of pain or new onset of radicular symptoms. The XX exam fails to demonstrate an objective finding of neurological deficits in the XX XX distribution indicative of radiculopathy. Moreover, there is no clear documentation of significant XX to support the request for sedation. Therefore, I am recommending non-certifying the request for XX XX steroid injection XX XX-XX with sedation."

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient underwent an XX; steroid injection in XX and reported more than 50% pain relief for XX weeks, after which the pain started to recur.

Two utilization reviews have been conducted as above.

The first review stated "The Guidelines recommend a therapeutic phase ESI injection not only with a 50% pain relief for at least XX weeks but also for an acute exacerbation of pain or new onset of radicular symptoms. 0-3/10 pain levels does not indicate an acute exacerbation nor are XX radicular symptoms new, and XX is not complaining of any new symptoms. Therefore, based on the lack of clinical evidence to support another XX ESI, the request is non-certified." However, this review seems to have ignored the first part of the guideline that quantification of pain response and duration of that response are required for approval of a therapeutic ESI.

The second review stated "The Guidelines recommend a therapeutic phase ESI injection not only with a 50% pain relief for at least XX weeks but also for an acute exacerbation of pain or new onset of radicular symptoms. 0-3/10 pain level does not indicate an acute exacerbation, nor are XX radicular symptoms new, and XX is not complaining of any new symptoms. Therefore, based on the lack of clinical evidence to support another XX ESI, the request is non-certified. "However, there remains no clear documentation of an acute exacerbation of pain or new onset of radicular symptoms. The XX exam fails to demonstrate an objective finding of neurological deficits in the XX XX distribution indicative of radiculopathy. Moreover, there is no clear documentation of significant XX to support the request for sedation. Again, this review seems to have ignored the first part of the guideline that quantification of pain response and duration of that response are required for approval of a therapeutic ESI. The demonstration of radiculopathy is not

within the purview of this second review, since this was already established and approved for the first ESI. In addition, there is clear and ample documentation in the medical record of XX in this patient and XX of XX.

Given the documentation available, the requested service(s) is considered medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine
- ☐ AHRQ-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and Guidelines
- ☐ European Guidelines for Management of Chronic Low XX Pain
- ☐ Interqual Criteria
- ☑ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- ☐ Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☑ ODG-Official Disability Guidelines and Treatment Guidelines
- ☐ Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and 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)

Appeal Information

You have the XX to appeal this IRO decision by requesting a Texas Department of Insurance, Division of Workers' Compensation (Division) Contested Case Hearing (CCH). A Division CCH can be requested by filing a written appeal with the Division's Chief Clerk no later than 20 days after the date the IRO decision is sent to the appealing party and must be filed in the form and manner required by the Division.

Notice of Independent Review Decision

Case Number: XX Date of Notice: 02/04/19

Request for or a Division CCH must be in writing and sent to:
Chief Clerk of Proceedings Texas Department of Insurance
Division of Workers' Compensation P. O. Box 17787
Austin, Texas, 78744

For questions regarding the appeals process, please contact the Chief Clerk of Proceedings at 512-804-4075 or 512- 804-4010. You may also contact the Division Field Office nearest you at 1-800-252-7031.