

MEDRx

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DATE OF REVIEW: February 12, 2019

IRO CASE #: XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

XX epidural with XX under fluoroscopy with IV sedation

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

The reviewer is a Medical Doctor who is board certified in anesthesiology.

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)

The reviewer agrees with the previous adverse determination regarding the medical necessity of: XX epidural with XX under fluoroscopy with IV sedation

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is a XX-year-old XX who sustained an injury on XX. Injured worker was XX of a XX when XX on XX with XX. Claimant was diagnosed with XX, post-XX, XX. Prior treatment includes XX therapy, medical management, trigger point injections, XX fusion. MRI dated XX documented that there were postsurgical changes from prior XX-XX and XX-XX anterior and posterior interbody fusion were XX, with XX and wide patency of the XX XX and XX XX at the operative levels. There was an adjacent XX disease identified with multilevel, multifactorial XX degenerative changes at the nonoperative levels contributing to mild XX-XX and XX-XX XX XX and mild to moderate XX-XX XX with level by level findings.

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

Per evidence-based guidelines, and the records submitted, this request is non-certified. Per ODG, recommends XX epidural injections only in cases where there are documented objective findings of radiculopathy corroborated by imaging studies. It also recommends against using excessive sedation, especially for XX procedures. In this case, the injured worker appears to have radicular pain with radiculopathy but MRI of the XX XX does not show any evidence of XX impingement and actually shows widely patent XX XX at XX-XX and XX-XX levels. Additionally, this request for a XX epidural is to be done with IV sedation which is not supported by ODG. As such, this request for a XX epidural with a XX under fluoroscopy with IV sedation for the XX XX is not medically necessary and is non-certified. Basis of decision follows:

Official Disability Guidelines- Treatment for Worker's Compensation, Online Edition
Chapter: XX XX- XX and XX
XX

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
Chapter: Low XX- XX and Thoracic
- 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)