

# Medical Assessments, Inc.

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Amended: February 7, 2019

January 27, 2019

**IRO CASE #: XX**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

XX epidural steroid blockade at XX-XX under XX with IV sedation

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

The Reviewer is Board Certified in the area of Anesthesiology with over 10 years of experience including Pain Management.

**REVIEW OUTCOME:**

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

Upheld

(Agree)

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]:**

The claimant is a XX year old who sustained an injury on XX. The worker was XX. The XX and the worker XX. He was diagnosed with chronic XX pain syndrome.

XX: MRI XX XX interpreted by XX. Impression: XX-XX, XX-XX: No evidence of XX, XX or XX. XX-XX Broad XX/XX with XX XX XX component causing mild XX narrowing XX greater than XX. XX-XX Broad XX/XX with borderline XX and mild XX narrowing. XX-XX: Broad XX/XX. XX.

XX: Generalized XX 7-item scale by XX. The XX was 43/60. The XX showed mild XX levels 15/21 and would reschedule the claimant worker as soon as possible.

XX: Office visit by XX. The claimant had been treated for the XX at least three levels most notably XX-XX, XX-XX and XX-XX. The claimant walked with an XX and XX. There was moderate to severe XX, XX, and XX pain. The claimant worked albeit in a light duty capacity. The claimant felt the best relief with XX as a XX pain medicine XX XX times a day. There was decreased XX. There was moderate XX XX tenderness and decreased weak XX (XX) on

the XX at the XX distribution.

XX: Office visit by XX. Claimant presented further care regarding the XX, XX and XX pain complaints with XX XX XX. The claimant was XX with a XX. He had moderate XX XX tenderness and decreased pinprick in the XX distribution. Once again, this had been corroborated with the MRI suggestive of a disk XX at least two levels. Clinical findings again were consistent with XX XX XX at XX-XX with positive straight XX XX and weakness in XX and XX as the injured worker XX to the former activity levels.

XX: UR performed by XX. Rationale for denial: Per ODG guidelines regarding criteria for a XX ESI, XX must be corroborated by imaging studies and electro diagnostic testing. XX MRI did not reveal XX impingement. XX ESI blockade at XX-XX is not showed to be medically necessary.

XX: UR performed by XX. Rationale for denial: Given that this is a XX procedure and since the request does not indicate the level of sedation, the request for a XX ESI at the XX-XX level under XX with IV sedation is not appropriate. The request is not authorized.

**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 guidelines, this request is non-certified. Per ODG for a XX ESI, XX must be corroborated by imaging studies and electrodiagnostic testing. XX MRI did not reveal XX impingement. Therefore, XX ESI blockade at XX-XX is not showed to be medically necessary. Given that this is a XX procedure and since the request does not indicate the level of sedation, the request for a XX ESI at the XX-XX level under XX with IV sedation is not appropriate. The request is not authorized.

**ODG Guidelines:**

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

- 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)**