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An Independent Review Organization
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Review Outcome

Description of the service or services in dispute:

XX epidural steroid injection at XX XX-XX and XX-XX
XX - Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, XX, XX, steroid, other solution), not including neurolytic substances, including needle or XX placement, interlaminar epidural or XX, XX or XX (XX); with imaging guidance (i.e., fluoroscopy or CT)
XX – Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different physician or other qualified health care professional); prone position
XX - Injection, XX XX, not otherwise specified, XX mg
XX - Injection, XX XX, per XX mg
XX - XX for XX injection

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 XX injury on XX while XX. XX was diagnosed with XX of XX, XX and XX of the lower XX (XX.XX).

XX. XX was evaluated by XX on XX and XX. On XX, XX presented for the XX XX pain radiating into the XX XX extremity. XX had injured XX XX and had XX XX XX at XX-XX and XX-XX, encroaching on XX XX XX. On physical examination, XX had poor XX and XX walking on the XX. Straight XX raise was positive on the XX. There was diminished sensitivity in the XX XX-XX and XX-XX XX. XX recommended diagnostic blocks at XX-XX and XX-XX on the XX. It was documented that XX. XX had a XX XX and wished to get sedation, as per the Official Disability Guidelines (ODG) guidelines. Per the XX note, XX. XX's XX epidural steroid injection at XX-XX and XX-XX on the XX had been denied. XX continued to have XX XX pain, which radiated significantly to the XX XX extremity with a XX XX XX at XX-XX and XX-XX. The physical examination remained unchanged. The assessment was XX sprain / strain. The plan was to appeal the denial.

X-rays of the XX XX dated XX were unremarkable. An MRI of the XX XX dated XX revealed XX- to XX-mm posterior XX XX along with facet joint XX at XX-XX and XX-XX. The XX XX was not compromised at either level, but there were mild XX-XX lateral recess narrowing and moderate narrowing of the XX at both levels. There was subtle bulging of the XX XX with mild facet XX and slight narrowing to the XX. The XX XX was patent at this level as well.

The treatment to date included medications (XX and muscle relaxant), and XX therapy.

Per a utilization review decision letter dated XX and a peer review dated XX, the request for XX epidural steroid injection at XX XX-XX and XX-XX was denied by XX. Rationale: "The request for an XX-XX and XX-XX XX epidural steroid injection is not medically necessary. The attending provider stated on both a progress note dated XX and an order form dated XX, that the request, in fact, represented a request for diagnostic epidural blocks. While Official Disability Guidelines (ODG)'s XX XX Chapter Epidural Steroid Injections topic notes that epidural blocks can be employed to help determine pain generators and / or to determine the level of radicular pain in individuals in cases where diagnostic imaging is ambiguous, here, however, the attending provider stated that diagnostic imaging was, in fact, positive and notable for XX-XX and XX-XX distal XX with associated XX XX encroachment, i.e., positive findings which did seemingly account for the claimant's radicular symptoms and effectively obviated the need for the diagnostic epidural block in question. Hence, the request is not medically necessary. Therefore, the request for a XX epidural steroid injection XX XX-XX and XX-XX is not medically necessary."

Per a utilization review decision letter dated XX and a peer review dated XX, the prior denial was upheld by XX. Rationale: "The history and documentation do not objectively support the request for XX epidural steroid injections on the XX at levels XX-XX, XX-XX at this time. ODG states "Epidural steroid injections (ESI) may be recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Criteria for the use of epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and / or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, Nonsteroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants)." There is no clear objective evidence of radiculopathy at two levels on the XX side on physical examination and no EMG was submitted. There is no indication that XX has failed all other reasonable conservative care, including XX therapy (XX), or that this ESI is being offered in an attempt to avoid surgery. The MRI report does not indicate the presence of nerve root compression at the two levels to be injected. There is no indication that the claimant has been instructed in home exercises to do in conjunction with injection therapy. The necessity of this request has not been clearly demonstrated and a clarification / modification was not obtained. Therefore, XX epidural steroid injection at XX XX-XX, XX-XX is not medically necessary."

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

This patient presents with XX XX pain radiating into the XX XX extremity. Conservative treatment has failed which included a course of PT. The clinical examination reveals sensory loss in the XX XX extremity. The MRI shows XX XX and XX XX at levels which correlate with the clinical findings. This particular correlate is important because it meets the ODG criteria. A prior review in XX stated that a diagnostic ESI was not indicated because ostensibly, the clinical diagnosis was already made. However, the ODG, describes the purpose of the diagnostic ESI to verify the source of pain generators, in the case of multilevel nerve root XX. A second review in XX cited inconsistent MRI findings. However, MRI in XX revealed two level XX-XX mm XX XX with XX narrowing at XX-XX and XX-XX. The review also stated that PT had not been completed or that home exercises were planned after the ESI. However, PT has indeed been attempted in this patient. The ODG makes no mention of HEP being required after a diagnostic ESI. This review also stated that the ESI was not being performed to avoid surgery. This issue also is not stated in the ODG. 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

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☐ 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

ODG® 2019 Official Disability Guidelines® (24th annual edition) & ODG® Treatment in Workers' Comp (17th annual edition)

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☐ 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 right 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.

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.

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