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DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

epidural blockage under fluoroscopy with IV sedation, XX epidural blockage at the XX that is the entry approach XX XX advance to XX and down to XX interspace

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

MD, Board Certified Pain Medicine

REVIEW OUTCOME:

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

X 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]:

XXXX. The patient noticed a sudden XX in the XXXX XX, arm, and hand. Prior treatment included medications. The patient had XX arthroscopy on XXXX which was unsuccessful to remedy the pain and XX XX release (undated). The patient was taking XXXX. Magnetic resonance imaging (MRI) of the XX XX dated XXXX documented XX mm XXXX foraminal disc XX at XX, which impinged upon the proximal XXXX XX nerve root. There was mild XXXX-sided XX XX joint XX as well the combination resulted in severe XXXX foraminal XX, grade XX XX at XX with a superimposed XX mm XXXX XX traction XX XX which contacted the exiting XXXX XX nerve root. There was moderate result in severe XXXX foraminal XX, XX mm disc XX at XX and XX, and mild disc XX and degenerative XX at XX and XX. EMG/NCV dated XXXX revealed evidence of mild XXXX chronic XX XX. According to the Office Visit dated XXXX, the patient underwent x-ray of the XX XX documented straightening XX, minimal XX disease, and XX at XX and XX. The patient had completed a chronic pain management program. MRI of the XX XX dated XXXX revealed XX mm XXXX XX disc XX

at XX which impinges upon the proximal XXXX XX nerve root. There is mild XXXX sided XX XX joint XX as well. The combination results in severe XXXX foraminal XX. There is grade XX XX at XX with a superimposed XX mm XXXX foraminal traction disc XX which contacts the exiting XXXX XX nerve root. There is moderate XXXX sided XX XX joint XX. The combination results in severe XXXX XX and XX recess XX. According to the Office Visit dated XXXX, the patient continued with moderate to the severe XXXX XX, XX, arm and hand XX associated with XX disk XX and XXXX XX XX. The patient failed conservative rehabilitative care. The patient was still having swelling, sensitivity down the XXXX XX and XX. The patient had decreased grip strength on the XXXX. The XX was cold with sweat production consistent with secondary XX pain. The patient had decreased range of motion (ROM), moderate mid XX XX tenderness with a XX pinprick in the XX distribution. The patient had XX disk XX at least XX levels most notably at XX, XX with XX and protrusions at XX. There was moderate mid XX XX tenderness, pain with flexion, XX epidural blockade entry point at XX. Office visit note dated XXXX indicates that XXXX has clear signs and symptoms of secondary XX. The patient has XX of XX, XX and XX. The initial request was non-certified noting that based on the submitted medical records, the patient has ongoing XX pain with XX symptoms to the XXXX XX XX. Objectively, XXXX has reflexes changes to the XXXX arm along with temperature XX. Past treatments appear to be medications. MRI shows XX discs and multiple levels and EMG shows XX XX. The treating provider is requesting a XX epidural injection. ODG recommends the use of XX epidural injections in cases where there is objective findings of XX corroborated by imaging and/or electrodiagnostic studies. In this case, there appear to be objective findings of XX that are corroborated by both MRI and EMG studies, but there is no documented prior treatments to include evidence-based physical therapy. ODG stipulates that an adequate trial of conservative therapy must be done before considering epidural injections. Given that there does not appear to be any evidence of prior physical therapy having been done in the submitted medical records, this request for epidural blockage under fluoroscopy with IV sedation, XX epidural blockade at the XX that is the entry approach XX XX advance to XX and down to XX interspace per XXXX order is not medically necessary. The denial was upheld on appeal noting that the Official Disability Guidelines notes that a XX epidural steroid injection is not recommended based on the recent evidence, given the serious risks of this procedure in the XX region and the lack of quality evidence for sustained benefit. Also, XX must be documented, unresponsive to conservative treatments, no more than XX nerve root levels injected at one session, and not recommended higher than the XX level. The patient does have documented XX on exam. However, there is no evidence as to what conservative treatment had been attempted and failed. Also, the physician noted injecting at several levels. Furthermore, the need for IV sedation is not supported by the documentation provided. Therefore, the request for XX epidural steroid blockade, XX with XX-XX which advance to XX and down to XX interspace under fluoroscopy with IV sedation is non-certified.

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

Based on the clinical information provided, the request for epidural blockage under fluoroscopy with IV sedation, XX epidural blockage at the XX that is the entry approach XX XX advance to XX and down to XX interspace is not recommended as medically necessary, and the previous

denials are upheld. The Official Disability Guidelines note that XX epidural steroid injections are not recommended based on recent evidence, given the serious risks of this procedure in the XX region, and the lack of quality evidence for sustained benefit. Additionally, there is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There is no documentation of any recent active treatment. Therefore, medical necessity is not established in accordance with current evidence based guidelines.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

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