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[Date notice sent to all parties]:

01/06/2019

IRO CASE #: XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

XX XX with intravenous sedation

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

MD, Board Certified Anesthesiology

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]:

The patient is a XX year old XX whose date of injury is XX. The patient XX. The patient extended and hit XX XX and XX XX and XX XX XX. MRI of the XX XX dated XX revealed at XX there is a XX producing slight XX or significant neural compromise. Office visit note dated XX indicates that XX states that the pain is constant, it is mainly XX and does not radiate. XX is working full duty at this time. XX has been taking XX, muscle relaxant, XX, XX, XX, XX and physical therapy with no significant help. Current medications are XX and XX. On physical examination there is decreased range of motion in the XX XX. XX has tenderness XX XX, XX. XX has pain on XX rotation. XX has palpable tenderness at XX with XX spasms. XX has good toe and heel walking. Straight leg raising is XX XX. Assessment notes XX sprain and XX sprain. PROGRESS REPORT dated XX indicates that XX is working regular duty. Pain level is XX/10. The initial request was non-certified

noting that the request for XX XX with IV sedation is not medically necessary. Official Disability Guidelines discusses indications for therapeutic facet injections of the XX or XX XX, noting such treatment is “not recommended.” Moreover, if this treatment is nonetheless to be considered, such blocks should be recommended at the most at XX levels, but not at more than XX levels as proposed in this case, particularly given that the injured worker’s pain appears to be fairly XX, multifocal, and certainly at more than XX levels. It is unclear that the injured worker has localized XX mediated pain likely to benefit from these injections. Moreover, the current request is for intravenous sedation. The medical records do not clearly document extreme XX or another specific reason to support the indication for such sedation. The treatment guidelines also recommend that there not be evidence of a competing diagnoses such as XX pain, XX, or previous XX. As this injured worker has imaging findings of the XX XX for which the treating physician has requested a XX surgical evaluation in reference to the status of the XX, it is again not clear that the injured worker’s pain is felt to be primarily facet mediated. For these multiple reasons, this request is not medically necessary. The denial was upheld on appeal noting that as per ODG, “XX joint injections, XX are not recommended.” There is no documentation of exceptional factors to support XX injections outside of current evidence based guideline recommendations that specifically indicate lack of support for this procedure. The request for a XX with intravenous sedation is not medically necessary at this time.

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 XX with intravenous sedation is not recommended as medically necessary, and the previous denials are upheld. The Official Disability Guidelines note that XX XX joint injections are not recommended. There is limited research on therapeutic blocks or neurotomies in this region, and the latter procedure (neurotomies) are not recommended. Recent publications on the topic of therapeutic XX injections have not addressed the use of this modality for the XX region. (Boswell, 2005) (Boswell, 2005) Pain due to XX is less common in the XX area as there is overall less movement due to the attachment to the XX. Injection of the joints in this region also presents technical challenge. When treatment is outside the guidelines, exceptional factors should be noted. There are no exceptional factors of delayed recovery documented. Additionally, there is no documentation of extreme XX or XX to support IV sedation. Therefore, medical necessity is not established in accordance with current evidence based guidelines.

IRO REVIEWER REPORT TEMPLATE -XX

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**

Official Disability Guidelines Treatment Index, 23rd edition online, 2018-XX
updated 12/18/18

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