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Review Outcome

Description of the service or services in dispute:

XX epidural steroid injection utilizing XX approach at XX-XX with fluoroscopy performed under anesthesia; due to XX will need anesthesia.

XX - Injection(s), of diagnostic or therapeutic substance(s) (eg., anesthetic, antispasmodic, XX, steroid, other solution), not including neurolytic substances, including needle or XX placement, interlaminar epidural or XX, XX or 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

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 with date of injury XX. XX XX a XX in XX XX while working and XX developed XX and tingling. XX ongoing XX was XX XX.

XX. XX saw XX XX, XX on XX. XX continued to experience moderate-to-severe XX, XX XX, XX, and XX pain associated with numbness and tingling in the XX-XX distribution. XX recent peer review had revealed impingement at the XX XX neural XX with nerve root irritation. XX. XX did have decreased strength with abduction of the XX, and pain over the XX XX into the XX XX consistent with this dermatomal expression of radiculopathy. XX had prior XX fusions from XX-XX through XX-XX with anterior and posterior compression plates. The pain was back up to 7-8/10 despite appropriate neuropathic as well as nonsteroidal anti-inflammatory drugs support with muscle relaxant treatment at XX. On that day, XX had mild weakness in the XX as well as a decreased pinprick in the XX distribution. XX. XX noted this was not chronic regional pain syndrome; it was XX radiculopathy. They had tried to get trigger points, but the previous peer doctor did not allow it. As a result, XX. XX would submit for XX-XX epidural blockade. This was consistent with the ODG guideline that was recurrent pain or dysfunction, having failed surgical rehabilitative measures, XX therapy treatment (which XX had all undergone in the past), should require interventional pain care to limit the use of XX and XX analgesia. They were trying to hold off from XX analgesia. However, XX pain XX felt was 7-8/10. Once approval was gained, XX. XX would hopefully lessen XX use of these medications including anticonvulsant and neuropathic pain medicine. XX. XX realized XX had to stop the XX one XX prior to injection therapy due to blood XX during the treatment period. It was noted XX had

XX and XX lying in the prone position, and would require intravenous sedation as appropriate protocol based on the ASA that is the American Society of Anesthesia recommendations for monitoring a patient, given the significance of a XX injection therapy utilizing local anesthetic and corticosteroid, and this would be arranged for pending insurance authorization. XX. XX noted that XX. XX was showing good compliance; and felt something needed to be done. XX XX XX would be reserved for recalcitrant pain.

An MRI of the XX XX dated XX demonstrated very satisfactory appearance of XX fusion from XX through XX. There were XX anterior XX and anterior compression XX and XX XX XX XX XX nicely identified in the XX-XX and XX-XX interspaces. At the XX-XX level there were XX type I XX changes with edema demonstrated and also a XX mm posterior XX XX there also was XX neural XX narrowing with appearance of XX XX nerve root irritation. An undated XX adherence assessment report was negative for all tested XX XX.

Treatment to date included surgical rehabilitative measures (two level fusion at XX-XX and XX-XX levels with XX XX and XX fixation and XX XX), XX therapy, and medications (XX, XX, XX, XX, and NSAIDs).

Per peer review dated XX by XX XX, XX, the request for XX-XX epidural steroid injection utilizing a XX approach with fluoroscopy performed under anesthesia was non-certified as not medically necessary. It was determined that XX. XX was a XX-year-old XX with ongoing XX pain from a work-related injury on XX. According to the most recent medical progress note from XX. XX dated XX, XX. XX reported moderate-to-severe XX, XX XX, XX XX, and XX XX pain with associated numbness and tingling in the XX-XX distribution, rated at 7-8/10 despite non-steroidal anti-inflammatory drugs and muscle relaxants. The current Official Disability Guidelines discussed and did not recommend epidural steroid Injections for the XX XX, citing recent evidence and the potential serious risks of the procedure. While the submitted medical documentation indicated ongoing XX pain, weakness of the XX, decreased sensation in the XX distribution, ongoing medication usage, and exhausted XX therapy, there was not enough compelling information to deviate from the recommendation of the guidelines. Furthermore, the guidelines recommended against excessive sedation. Therefore, based on the medical documentation provided, and using the evidence-based, peer-reviewed guidelines, the recommendation was to non-certify the request.

Per a utilization review dated XX, the request for XX epidural steroid injection utilizing a XX approach XX-XX with fluoroscopy performed under anesthesia was non-authorized per peer review. Rationale: “The injured worker is a XX year-old XX with ongoing XX pain from a work related injury on XX. According to the most recent medical progress note dated XX from XX XX, the injured worker reported moderate to severe XX, XX XX, XX XX, and XX XX pain with associated numbness and tingling in the XX-XX distribution, rated XX pain 7-8/10 despite NSAID and muscle relaxants. The current Official Disability Guidelines discuss and XX not recommend epidural steroid injections for the XX XX, citing recent evidence and the potential serious risks of the procedure. While the submitted medical documentation indicates ongoing XX pain, weakness of the XX, decreased sensation in the XX distribution, ongoing medication usage, and exhausted XX therapy, there is not enough compelling information to deviate from the guidelines recommendation. Furthermore, the guidelines recommend against excessive sedation. Therefore, based on the medical documentation provided, and using the evidence-based, peer-reviewed guidelines, recommendation is to non-certify this request.”

Per a utilization review dated XX, and a peer review by XX XX, XX, dated XX, the request for XX-XX epidural steroid injection utilizing a XX approach with fluoroscopy performed under anesthesia was nonauthorized per peer review appeal. Explanation of Findings: “With regard to the XX Epidural Steroid Injection utilizing a XX approach XX-XX with fluoroscopy performed under anesthesia, according to a peer review report on XX, there was documentation of a progress note on XX in which the injured worker reported moderate to severe XX, XX XX, XX XX, and XX XX pain with associated numbness and tingling in the XX-XX distribution and rated XX pain 7-8/10 despite NSAIDs and muscle relaxants and had XX weakness and decreased sensation in the XX distribution and a request for trigger point injections were reportedly denied, and it was indicated that the injured worker had XX and XX lying in the prone position for potential injection. However, there was no clinical documentation available for review by the provider detailing the necessity for this request. Also XX ESI treatment is no longer supported in the guideline criteria based on recent evidence due to serious risks of this procedure in the XX region and lack of quality evidence for sustained benefit. Therefore, this request is non-certified.”

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

Notice of Independent Review Decision

Case Number: XX Date of Notice: 03/18/19

This patient was seen by the provider in XX. Trigger point injections were recommended, but denied in spite of there being classic XX signs. The review at that time stated that these injections were contraindicated in the presence of a fusion, which is not accurate. A subsequent request was forwarded to treat a XX-sided XX radiculopathy – this included a XX ESI at XX-XX using a XX-based technique. Two prior Utilization Reviews cited the safety of the procedure. Indeed, this procedure is associated with some risk, but the provider uses a XX-based technique with fluoroscopy. The actual needle entry is several levels below the side to the prior fusion. One reviewer also states that the provider failed to provider evidence of the patient's need for sedation during the procedure. However, in XX, the provider documented this quite clearly. The only point-of-controversy in this case is that the MRI is XX years old, and a repeat may be necessary if the patients neurological symptoms escalate and is the ESI is not effective. 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
- ☐ AHRQ-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation
- ☐ Policies and Guidelines European Guidelines for Management of Chronic Low Back 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 Treatment: Integrated Treatment/Disability Duration Guidelines: XX and XX XX

(updated 2/15/2019)

Epidural steroid injection (ESI)

XX

- ☐ 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)

Notice of Independent Review Decision

Case Number: XX Date of Notice: 03/18/19

Appeal Information

You have the XX 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.