

## Health Decisions, Inc.

1900 Wickham Drive

Burleson, TX 76028

P 972-800-0641

F 888-349-9735

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**IRO CASE #:** XX

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Diagnostic XX ESI XX/XX & XX/XX on XX

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** Board Certified in Orthopedic Surgery

### REVIEW OUTCOME:

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

Overturned (Disagree)

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]:** Patient is a XX year old XX who has XX XX XX pain from an incident at work that occurred on XX.

XX – XX Therapy Notes-XX, XX: History of Present Condition: Therapy referral is not for a post-surgical condition. Date of injury: XX. Mechanism of Injury: XX reporting pain was gradual but there was not a specific incident. Patient reporting XX was standing, twisting, and lifting for about XX-XX hours. Patient reporting XX numbness and tingling on XX Les but denies XX and XX issues. Reason for therapy: Eval and treat for strain of XX region. Chief Complaint: Pain with standing for extended durations. Previous treatments: N/A. Patient reports no functional restrictions prior to this episode of care. Symptom location: XX/XX XX – B lower XX. XX describes the pain as shooting, burning and sharp. Other symptoms include numbness, no pins and needles, radiating and tingling. Symptoms radiate B Les. Onset was gradual. The symptoms occur constantly. XX describes this as moderate and worsening. XX condition is alleviated by ice. XX is unable to perform XX activities. Evaluation: 1) XX of XX region XX.XX; 2) Strain for XX region, initial encounter XX.XX. Plan: Patient to be seen XX times a week for XX weeks.

XX – XX Therapy Notes-XX, XX: History of present condition: Patient status: Patient reporting XX did not have a XX XX but is feeling slightly XX this XX. XX can perform ADLs independently. XX cannot perform XX activities independently. Patient reports they are performing their home exercise program daily. Treatment Status: Returning for follow up with primary care medical provider. Patient has been given work restrictions by the treating medical provider which limits the patient’s participation in one or more essential job functions. Will allow the employee to return to work on XX with restrictions. XX is unable to perform XX activities. Evaluation: 1) XX of the XX region XX.XX; 2) Strain of XX region, initial encounter XX.XX. Therapy Assessment: Overall Progress: As expected. XX demonstrating increased activity tolerance and increased ease with XX mobility. Continue to progress exercises as tolerated. Response to current treatment: The patient tolerated the current treatment well with no adverse reaction. Continue therapy per treatment plan.

XX – XX Therapy Notes-XX XX. XX, XX: History of Present Condition: Patient Status: Patient reporting XX is feeling less symptoms down B Les. XX can perform ADLs independently. XX cannot perform XX activities independently. Patient reports they are performing their home exercise program daily. Treatment Status: Returning for follow up with primary care medical provider. Patient has been given work restrictions by the treating medical provider which limits the patient’s participation in one or more essential job functions. Will allow the employee to return to work with restrictions as of XX. Evaluation: 1) XX of XX region XX.XX; 2) Strain of XX region, initial encounter XX.XX. Therapy Assessment: Overall progress: As expected. Patient demonstrating increased activity tolerances. Patient still needing cueing to prevent XX XX with sit to stands. Continue to progress exercises as tolerated. Response to current treatment: The patient tolerated the current treatment well with no adverse reaction. Continue therapy per treatment plan.

XX – XX Therapy Notes-XX M. XX, XX: History of Present Condition: Patient Status: XX reporting XX is feeling numbness and tingling down B Les. XX can perform ADLs independently. XX cannot perform XX activities independently. Patient reports they are performing their home exercise program daily. Treatment Status: Returning for follow up with primary care medical provider. Patient has been given work restrictions by the treating medical provider which limits the patient’s participation in one or more essential job functions. Will allow the employee to return to work with restrictions as of XX. Patient reports being unable to participate fully in one or more XX or XX events due to impairments associated with current injury. Difficulty standing and lifting to perform XX XX. XX is unable to perform XX activities. Evaluation: 1) XX strain XX.XX. Therapy Assessment: Overall Progress: As expected. Patient demonstrating increased activity tolerance. Patient still needing cueing to prevent XX XX with sit to stands. Continue to progress exercises as tolerated. Response to current treatment: The patient tolerated the current treatment well with no adverse reaction. Continue therapy per treatment plan.

XX – XX Therapy Notes-XX M. XX, XX: History of present condition: Patient Status: Patient reporting XX XX is feeling better but still feeling numbness in LEs. XX can perform ADLs independently. XX cannot perform XX activities independently. Patient reports they are performing their home exercise program daily. Treatment Status: Returning for follow up with primary care medical provider. Patient has been given work restrictions by the treating medical provider which limits the patient’s participation in one or more essential job functions. Will allow the employee to return to work with restrictions as of XX. XX is unable to perform XX activities. Evaluation: 1) XX strain XX.XX. Therapy Assessment: As expected. XX demonstrating increased activity tolerance. XX still needing cueing to prevent XX XX with overhead activities but improved with sit to stands. Continue to progress exercises as tolerated. The patient tolerated the current treatment well with no adverse reaction.

XX – XX Therapy Notes-XX M. XX, XX: Patient Status: Patient reporting XX XX is feeling better but still having tingling down XX Les. XX cannot perform XX independently. XX cannot perform XX activities independently. Patient reports they are performing their home exercise program daily. Returning for follow up with primary care medical provider. Patient has been given work restrictions by the treating medical provider which limits the patient’s participation in one or more essential job functions. Evaluation: XX strain (XX.XX). Impairment List: AROM, PROM, pain, muscle performance, joint mobility. Overall Progress: As expected. Response to current treatment: The patient tolerated the current treatment well with no adverse reaction. Patient demonstrating increased Les strength, minimal increased XX ROM, decreased tenderness, and improved core stability. Patient still demonstrating difficulty with XX dissociation

with sit/stand and squats. Patient will benefit from continued XX to increase core stability and activity tolerance. Continue therapy per treatment plan. Plan: Patient to be seen XX times a week for XX weeks. CPT codes used for patient's treatment: XX, XX, XX, XX, XX, XX.

XX – Physician Notes-XX XX, XX: Reason for Visit: Chief Complaint: The patient presents today for follow up. Self-reported. Workers' compensation. HPI: XX pain is much improved after XX sessions of XX and the level now is 4/10. XX admits that XX has not been consistent about doing the exercises at home. XX continues to have tingling in XX XX and XX has some pains in XX XX during the night. XX remains on XX medication and XX is working with restrictions. Assessment: 1) XX strain XX; 2) XX XX XX XX; 3) XX of XX region XX. Plan: 1) Start: XX HCl XXmg oral tablet, XX tablet at XX; 2) Start: XX XXmg oral tablet, take XX tablet XX daily with food; 3) XX therapy referral. Please reevaluate for XX additional sessions per week XXX weeks.

XX – Physician Notes-XX XX, XX: Reason for visit: Chief Complaint: The patient presents today with follow up XX. Self-reported. Workers' compensation. HPI: XX states that XX has XX XX XX and XX pain due to repetitive movements packing boxes which radiates from XX XX/XX to XX posterior/anterior XX and XX XX, XX, XX and XX. Pain is less with XX but still goes down XX XX intermittently. XX is approximately 25% of the way toward meeting the XX requirements of XX job. Assessment: 1) XX sprain, subsequent encounter XX. Plan: XX was told to use OTC remedies for XX like XX, XX, etc. Waiting for 2<sup>nd</sup> round of XX approval. LD restrictions. No meds were prescribed or dispensed for this visit.

XX – Physician Notes-XX, XX: Reason for Visit: Chief Complaint: The XX presents today with recheck for XX injury. Self-reported. Workers' compensation. Patient's occupation: XX. HPI: XX presents to clinic for follow up for XX XX XX pain. XX states XX was not lifting, bending or had any trauma to XX while at work to cause pain. States XX was working and XX XX XX started to progressively increase in pain. States today XX continues to have pins and needles pain/radiation down XX XX with burning sensation to XX lateral XX. States pain is constant regardless of movement or position. XX has completed XX sessions of XX with some improvement of pain. XX is currently taking XX and XX. Will have XX continue medications, continue XX and light duty. I am referring XX for an MRI today and will have XX follow up in XX week. XX XX is approximately 50% of the way toward meeting the XX requirements of XX job. Assessment: 1) XX strain XX; 2) XX XX radiculopathy XX. Plan: 1) MRI, XX canal and contents, XX; without contrast material; requested. None of the patient's meds for this encounter were dispensed in the center.

XX – Physician Notes-XX E. XX, XX: Reason for Visit: Chief Complaint: The patient presents today with recheck. Workers' compensation. HPI: Patient presents to clinic for follow up for XX XX XX pain. Patient states XX was not lifting, bending or had any trauma to XX while at work to cause pain. States XX was working and XX XX XX started to progressively increase in pain. States today XX continues to have pins and needles pain/radiation down XX XX with burning sensation to XX lateral XX. States pain is constant regardless of movement or position. XX has completed XX sessions of XX with some improvement of pain. XX is currently taking XX and XX. Will have XX continue medications, continue XX and light duty. I have reviewed MRI with patient and will refer XX to orthopedic XX. No lifting and will continue light duties. Follow up in XX weeks. XX is approximately 75% of the way toward meeting the XX requirements of XX job. Assessment: 1) XX XX XX XX; 2) XX strain XX. Plan: 1) Orthopedic XX referral. No medications were prescribed or dispensed for this encounter.

XX – Physician Letter-XX XX, XX: Dear XX. XX XX, XX: Thank you so much for the opportunity to see XX. XX C. XX. XX was assessed on XX. History: XX. XX is XX years of age. XX works at XX. On XX, XX developed XX XX pain. XX continued working for XX weeks, but XX then reported XX complaint. XX underwent therapy. During that time XX was on light duty. XX was also prescribed XX and XX. The XX XX pain radiates down XX XX to the XX. XX also has a burning sensation with numbness and tingling in XX XX. XX denies a prior problem with XX XX. Past Medical History: Unremarkable. XX Exam: The XX XX exam shows tenderness throughout the XX muscles. XX has XX pain with straight-XX raising. There is normal strength in the XX, XX, XX anterior, extensor XX XX, XX, and XX group. XX has decreased sensation over the XX of XX XX. Films: I have reviewed XX MRI scan dated XX. There are XX pars defects with a grade-1 XX of XX on XX. There is a posterior XX tear and very marked XX XX with compression of the exiting XX nerve root. Plan: This XX does have a XX XX. XX would be a good candidate for a XX epidural steroid injection, and I would like to see XX XX weeks thereafter.

XX – Physician Notes-XX, XX: Reason for Visit: Chief complaint: The patient presents today for follow up. Self-reported. Workers' compensation. XX presents to clinic for f/u for XX XX XX pain. XX states XX was not lifting, bending or had any trauma to XX while at work to cause pain. States XX was working and XX XX XX started to progressively increase in pain. States today XX continues to have pins and needles pain/radiation down XX XX with burning sensation to XX lateral XX. States pain is constant regardless of movement or position. XX has completed XX sessions of XX with some improvement of pain. XX is currently taking XX and XX. Will have XX continue meds, continue XX and light duty. I reviewed MRI with XX and will refer to orthopedic XX. No lifting and will continue light duties. F/u in XX weeks. XX is a XX y/o XX here to f/u on XX XX low XX injury which occurred on XX. Has been seen by XX. XX XX, ortho, who has requested steroid injection and has XX returning to see XX on XX. XX also has XX off work until XX sees XX again on that date. Not taking any meds currently and not working. Today XX reports no change in XX symptoms or pain level from when seen here last on XX. Today continues to have pins and needles pain/radiation down XX XX with burning sensation to XX lateral XX. States pain is constant regardless of movement or position. Assessment: 1) XX XX XX (XX); 2) XX strain (XX). No meds were prescribed or dispensed for this encounter.

XX – Physician Notes-XX, XX: Chief Complaint: The patient complains of XX XX pain. The pain radiates into XX XX XX. MRI LS XX positive for XX XX at XX/XX and XX/XX. Present illness: Able to stand, sit and walk for less than XX minutes. Pain level now 4-6/10. Pain level at worst is 8/10. Pain level at best 4-6/10. The pain feels like aching in the XX; pinching, needles and numbness down XX XX. Medication helps the pain feel better. The pain has been going on for XX months. The pain onset was associated with a specific event – a XX injury at work. The pain is described as sharp, stabbing, burning, throbbing and constant. Treatments tried include: XX therapy; multiple sessions, minimal or no help. The pain is made worse by standing, sitting, and walking. The patient is not working. Assessment: Diagnosis: Strain of muscle, XX and tendon of XX XX, initial encounter XX. Plan: Per ODG guidelines, diagnostics ESI is requested. Criteria for neurological deficits, imaging consistency and clinical findings are met. XX/XX level on the XX, times one. Per ODG guidelines, diagnostic ESI is requested. Criteria for neurological deficits, imaging consistency and clinical findings are met. XX/XX level on the XX, times one. Follow up at this clinic as needed. For the procedure: follow up with the patient's referring physician. The patient communicates a willingness for anesthesia during the procedure. The patient has a XX of XX about XX. The patient understands that it is important to minimize sudden movement during the procedure. The patient expresses a XX and/or a XX impediment to not having a degree of XX XX whilst this procedure with needles is being performed.

XX – URA Determination-XX: This correspondence pertains to the review of the following health care service(s). After peer review of the medical information presented and/or discussion with a contracted Physician Advisor and the medical provider. It has been determined that the health care service(s) requested does not meet established standards of medical necessity. This review applies only to the specific service(s) listed below. Any additional service(s) will require a separated review process. Specific Request: Diagnostic XX epidural steroid injection XX/5 on the XX x 1; Diagnostic XX epidural steroid injection XX/XX on the XX x 1/Medically not certified by Physician Advisor. Clinical Summary: This XX year old XX was reportedly injured on XX from a lifting injury at work. On XX, a XX MRI from XX revealed XX pars fractures or defects at XX without surrounding XX XX XX resulting in XXmm XX of XX on XX with severe XX XX XX compressing the XX XX exiting nerve and a broad-based posterior XX XX XX at XX-XX noted. On XX, the patient presented to XX, XX for complaints of XX XX pain that radiates to XX XX XX. The patient was able to stand, walk, or sit less than XX minutes. Pain is rated at 4-8/10 with pinching, needles, and numbness down to XX XX. The patient had XX therapy and medication. On XX examination, straight XX raising was negative. There is pain in the XX facets XX at the XX/XX. No changes in the examination since the last office visit. The patient is diagnosed with strain of muscle, XX and tendon of the lower XX. The plan is for diagnostic epidural steroid injection (ESI). Assessment: Not certified. Explanation for Assessment: Per ODG, "Indications for diagnostic steroid injections: 1) To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below: 2) To help to evaluate a radicular pain generator when XX signs and symptoms differ from that found on imaging studies; 3) To help to determine pain generators when there is evidence of multi-level nerve root compression; 4) To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive; 5) To help to identify the origin of pain in patients who have had previous XX surgery." In this case, the medical record provided did not document positive XX examination findings that would correlate with either a radiculopathy from XX-XX and/or XX-XX which ODG indicates been present prior to considering an epidural steroid injection. Therefore, the diagnostic ESI XX-XX and XX-XX on the XX is not medically necessary and

is not certified.

XX – Physician Notes-XX, XX: Present Illness: Able to stand, sit and walk for less than XX minutes. Pain level now 4-6/10. Pain level at worst 7-9/10; pain level at best 4-6/10. Pain feels like constant swelling, burning, tingling and stabbing in XX XX. XX/XX and XX/XX ESI requests denied in spite of meeting ODG. Full documentation was given. Assessment: Plan: X XXmg l po q am #XX rf xpm. Follow up at this clinic as needed and in XX for re-evaluation.

XX – URA Re-Determination-XX: This correspondence pertains to the review of the following health care service(s). As requested, a second contracted physician who was not involved in the original non-certification has reviewed the original information, supplemented by additional medical records submitted and/or peer discussion(s) with the treating provider. The second physician has upheld our original non-certification. Specific Request: Appeal for diagnostic XX epidural steroid injection XX/XX on the XX x1/Appeal Upheld by Physician Advisor & Appeal for diagnostic XX epidural steroid injection XX/XX on the XX x1/Appeal Upheld by Physician Advisor. Summary of Records: The claimant is a XX year old XX who was injured on XX. The MRI of the XX XX dated XX revealed at XX-XX, there were XX pars fractures or defects at XX without surrounding XX XX XX resulting in XXmm XX of XX on XX. There was uncovering of the disc and disc material migrates XXmm cranially in the posterior central region where the disc was uncovered and contained a posterior central XX tear, which could suggest an acute injury. There was also severe XX neural XX XX with compression of the XX XX exiting nerve roots. At XX-XX, there was a broad-based posterior central XX XX measuring XXmm AP and containing an XX tear, which could suggest an acute injury. The claimant presented to the AP on XX with complaints of XX XX pain that radiated into XX XX XX. The pain was rated as 4-6/10 on the VAS. The examination revealed pain in the XX facets XX at the XX-XX. On XX, the claimant presented to the AP. XX reported being unable to stand, sit, or walk for more than XX minutes. XX rated XX pain as 4-6/10 VAS. A completed XX examination was not documented. The claimant was diagnosed with a strain of muscle, XX and tendon in the XX XX. The claimant is not working, takes medication and attended XX therapy. The request for appeal Diagnostic XX ESI XX-XX on the XX x1; Diagnostic XX ESI XX/XX on the XX x1 is not medically necessary. Per the ODG, LESIs are recommended for patients with documented XX on exam that is corroborated with imaging and/or electrodiagnostic testing. In this case, the MRI of the XX XX dated XX revealed at XX-XX, there were XX pars fractures or deficits at XX without surrounding XX XX XX resulting in XXmm XX of XX on XX. There was uncovering of the disc and disc material migrates XX XX in the posterior central region where the disc was uncovered and contained a posterior central XX XX, which would suggest an acute injury. There was also severe XX neural XX XX with compression of the XX XX exiting nerve roots. At XX-XX, there was a broad-based posterior XX XX XX measuring XXmm AP and containing an XX tear, which could suggest an acute injury. The claimant presented to the AP on XX with complaints of XX XX pain that radiated into XX XX XX. The pain was rated as 4-6/10 VAS. The exam revealed pain in the XX facets XX at the XX-XX. On XX, the claimant presented to the AP. XX reported being unable to stand, sit, or walk for more than XX minutes. A completed XX examination was not documented. While the claimant has complaints of radiating pain, there are no exam findings, such as weakness, loss of sensation, diminished reflexes, or positive straight XX raise, to support this diagnosis. Therefore, the request for Diagnostic LESI XX-XX on the XX x1; Diagnostic LESI XX-XX on the XX x1 is not medically necessary.

XX – Physician Notes-XX, XX: Chief Complaint: The patient complains of XX XX pain. The pain radiates into XX XX XX. MRI LS XX positive for herniated disc at XX/XX and XX/XX. Present Illness: Able to stand, sit and walk for less than XX minutes. Pain level now 7-9/10. Pain level at best 7-9/10; pain level at worst 7-9/10. The pain feels like constant aching and burning sensation on XX feet. Diagnostic XX/XX and XX/XX XX sided ESIS denied in spite of ODG and clinical notes and examinations. Assessment: Diagnosis: Strain of muscle, XX and tendon of lower XX, initial encounter XX. Plan: Appeal denial to IRO. Follow up at this clinic in XX or as needed.

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

The request for a diagnostic epidural steroid injection, XX XX-5 and XX-XX is approved.

This patient sustained a work injury to XX XX XX in XX. XX reports XX XX pain with radiation down XX XX, despite conservative care with medication and XX therapy. XX XX XX MRI demonstrates a grade 1 XX at XX-XX with severe XX of the exiting XX nerve roots. XX has XX XX at XX-5 and XX-XX. XX. XX documented decreased sensation over the XX of XX XX. XX has recommended ESI for XX XX XX.

The Official Disability Guidelines (ODG) supports ESI for XX XX associated with XX XX. Objective signs of XX XX XX correlate with the imaging studies.

This patient has decreased sensation over the XX of XX XX, consistent with the XX compression identified on MRI. XX has failed conservative treatment. It would be appropriate for XX to consider ESI as the next step in XX treatment.

The requested injection is medically necessary for this patient.

**Per ODG:**

**Epidural steroid injections (ESIs), therapeutic**

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)**