Parker Healthcare Management Organization, Inc.

3719 N. Beltline Rd Irving, TX 75038
972.906.0603 972.906.0615 (fax)

DATE OF REVIEW: MAY 7, 2019

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed Diagnostic XXXX

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical Medicine and Rehabilitation and is engaged in the full time practice of medicine.

REVIEW OUTCOME

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

XX Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
XXXX	XX		Prosp	1			XXXX	XXXX	Upheld
XXXX	XX)		Prosp	1			XXXX	XXXX	Upheld
XXXX	XX		Prosp	1			XXXX	XXXX	Upheld
XXXX	XX		Prosp	1			XXXX	XXXX	Upheld

TDI-HWCN-Request for an IRO-36 pages

Respondent records- a total of 240 pages of records received to include but not limited to: TDI letter XX; XX letter XX, XX, XX, XX; The XX of XX records XX-XX.XX records XX-XX; Insurance Information; records Dr, XX XX ; XX records XXXX-XX; Transfer of Care Document; XX Identification form; DWC forms; XX XX letter XX; XX l Letter XX; XX Inventory; XX report XX; XX Occupational Clinic records XX; XX Services letter XX, XX; MRI XX XX; XX Health letter XX;

Requestor records- a total of 40 pages of records received to include but not limited to: Records The XX Clinics record XX; XX letter XX, XX; XX Occupational Clinic records XX-XX; DWC Forms 73; XX Services letter XX

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a XX -year-old XX who was injured on XXXX , when struck by XX . The claimant was diagnosed with XX pain. Medications included XX , XXXX , and XX . On XX XX, XX, there were complaints of XX pain. There was no bowel or bladder incontinence. The XX had xxxx.. xxreflexes were diminished in the XX . XX raise testing was positive on the XX . XX was noted in the XX XX and XX dermatome. There was tenderness to palpation of the XX and pain with rotation, extension, and flexion of the XX . XX testing on XX XX, XX, documented XX radiculopathy which was mild. An MRI of the on XX XX, XX, documented XX narrowing at the XX and XX. There was no canal stenosis. There was XX . At the xx, there was moderate xx mm broad-based xx, mild to moderate xx , no canal stenosis, and had mild XX greater than the XX. At the XX , there was mild XX broad-based XX XX, moderate-to-severe XX and moderate XX XX, no canal stenosis, and had a moderate XX l XX greater than the XX.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:
The previous noncertification on XX XX, XX, was due to the presence of XX. The previous noncertification is supported. Additional records were not submitted for review. The guidelines require objective evidence of XX on physical examination and XX on imaging studies. The MRI of the XX on XX XX, XX, documented no evidence of XX. There is no documentation of lower levels of care such as XX or XX . Therefore, medical necessity has not been established for a diagnostic XX on the XX at XX and XX.

Official Disability Guidelines XX (updated 4/26/2019) Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, the reduction of medication uses and the avoidance of surgery, but this treatment alone offers no significant long-term functional benefit. (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be well documented, along with objective neurological findings on physical examination. Acute radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing, unless dermatomal pain, reflex loss, and myotomal weakness abnormalities are all present. Chronic radiculopathy additionally requires significant recent symptom worsening associated with clearly documented deterioration of neurologic findings. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, muscle relaxants, and neuropathic drugs). (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. (4) Diagnostic Phase: At the time of initial use of an ESI (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases, a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections. (5) No more than two nerve root levels should be injected using transforaminal blocks. (6) No more than one interlaminar level should be injected at one session. (7) Therapeutic phase: If after the initial block/blocks are given (see "Diagnostic Phase" above) and found to produce

pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported. This is generally referred to as the "therapeutic phase." Indications for repeat blocks include acute exacerbation of pain, or new onset of radicular symptoms. The general consensus recommendation is for no more than 4 blocks per region per year. (CMS, 2004) (Boswell, 2007) (8) Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response. (9) Current research does not support a routine use of a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections for the initial phase and rarely more than 2 for therapeutic treatment. (10) It is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks or sacroiliac blocks or lumbar sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment. (11) Cervical and lumbar epidural steroid injection should not be performed on the same day. (Doing both injections on the same day could result in an excessive dose of steroids, which can be dangerous, and not worth the risk for a treatment that has no long-term benefit.) (12) Excessive sedation should be avoided.

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

XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

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

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES