Clear Resolutions Inc.

An Independent Review Organization
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Review Outcome

Description of the service or services in dispute:

XX epidural steroid injection at the XX-XX level on the XX, times one.

XX XX XX injection.

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 who was injured on XX. XX XX pounds of XX XX XX and XX XX. XX's XX and XX XX. XX was diagnosed with sprain of ligaments of the XX XX.

On XX, XX. XX was seen by XX XX, XX for XX XX pain. The pain was radiating. XX was able to stand and sit for less than XX minutes. XX was able to walk for more than XX minutes. XX rated the pain at 7-9/10. The pain level at the worst was at 7-9/10. The pain level at the best was at 4-6/10. XX had constant numbness. XX therapy helped temporarily. On examination, there was facet pain on XX rotation / extension / flexion and palpation and XX loading in the XX XX. XX had pain in the XX facets XX at XX-XX.

An MRI of the XX XX dated XX showed XX lateral recess XX at the level of the XX-XX disc, secondary thickening of ligamentum XX, and small joint effusions within the facet complexes of XX-XX XX, partially obscured by artifacts from the interpedicular screws at that level.

The treatment to date included XX XX surgery (XX-XX fusion), XX therapy (helped temporarily), XX XX, XX, and medications (XX Number XX, XX, XX, XX, XX, XX, XX, and XX)

Per a utilization review decision letter dated XX, the request for XX epidural steroid injection at XX-XX level on the XX was denied by XX XX, XX. Rationale: "The purpose of the ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, the reduction of medication use and the avoidance of surgery, but this treatment alone offers no significant long-term functional benefit. The criteria include that "XX (due to herniated XX XX, but not XX XX) must be documented. Objective findings on examination need to be present. XX must be corroborated by imaging studies and / or electrodiagnostic testing." In this case, XX. XX is status post·XX-XX fusion, date unknown. The patient has complaints of XX pain. The objective exam notes

decreased reflexes in the XX XX, a sensory deficit in XX XX-XX XX and a positive SLR. However, there is no evidence of nerve root impingement on diagnostic studies. As such, the guidelines would not support the request for ESI in this case. Recommend noncertification for XX epidural steroid injection XX·XX on XX."

Per a utilization review decision letter dated XX, the request for XX epidural steroid injection at XX-XX level on the XX was denied by XX XX, XX. Rationale: "Official Disability Guidelines stated that the requested procedure was recommended as a possible option for short-term treatment of XX pain (defined as pain in XX distribution with corroborative findings of XX) with use in conjunction with active rehab efforts. This procedure is not recommended for XX XX or for nonspecific XX XX pain. The indications for use of this treatment is that XX (due to XX XX XX, but not XX XX) must be documented. Objective findings on examination need to be present. XX must be corroborated by imaging studies and / or electrodiagnostic testing, of which there is no imaging / diagnostic studies that confirmed the patient had XX. There was no sign of nerve root impingement on the MRI conducted on XX to warrant the request at this time. As the documentation submitted does not meet guideline criteria for use of this treatment, the request cannot be authorized. Therefore, the request for XX epidural steroid injection (ESI) XX-XX on the XX is non-certified." A peer-to-peer discussion was not established.

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

The diagnosis in this patient is thought to be either a XX XX or facet-mediated pain. The examination is unfortunately vague and other than mild tingling in the XX, there are no other signs of XX damage secondary to XX XX. The MRI shows some XX abnormality without the presence of XX disease, but also some facet XX. XX prior utilization reviews correctly interpreted the findings and were unable to find guidelines that would justify the ESI or warrant going outside the guidelines. Given the documentation available, the requested service(s) is considered not 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 XX 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
- ☐ 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)

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.