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IRO REVIEWER REPORT

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IRO CASE #: XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: XX XX epidural steroid injection XX-XX

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

REVIEW OUTCOME:

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

☐ Overturned	Disagree
☐ Partially Overturned	Agree in part/Disagree in part
☒ Upheld	Agree

PATIENT CLINICAL HISTORY [SUMMARY]: XX. XX XX is a XX-year-old XX who sustained an injury on XX. XX was XX an XX and developed XX, XX, and XX pain. XX was diagnosed with sprain of ligaments of XX XX, XX (XX.XX), laceration of muscle, XX and tendon at XX level, initial encounter (XX.XX), XX (XX), other XX disc displacement, unspecified XX region (XX), and radiculopathy of the XX region (XX). XX. XX had an appointment with XX XX, XX on XX for severe chronic XX and XX XX pain, which were significantly impacting the functionality. XX continued to have the inability to perform normal activities of daily living (ADLs) secondary to severe XX XX pain with radiculopathy. On examination, there was moderate XX tenderness and XX XX tenderness throughout, and limited XX and XX flexion, extension, and rotation secondary to pain. XX epidural steroid injection and XX XX trail were recommended. The poorly scanned medical record was partially legible. On XX, XX. XX was seen by XX XX, XX for XX ongoing complaints including XX pain, which was radiating to XX XX, and low XX pain, which was radiating down to XX extremities. The XX pain was described as intermittent, numbing, throbbing, and tingling, which radiated to the XX XX. It occurred when XX woke up in the morning. The pain was rated at 7/10. The symptoms were exacerbated by a quick sudden movement of the XX. They

were relieved by nothing. On examination, antalgic, slow, and limping gait was noted. XX. XX was uncomfortable while sitting. Straight XX raise test was positive at 50 degrees, XX. XX was unable to tip XX and walk backward on XX. There was no documentation of the XX XX examination. In an addendum, it was documented that XX XX, XX-C / XX. XX recommended conservative care including epidural steroid treatment injection. The plan was to proceed with XX epidural steroid injections. An MRI of the XX XX dated XX showed XX XX disease. At XX-XX, mild diffuse XX XX with moderate XX disease, as well as, mild neural XX narrowing on the XX with indentation of the XX XX was noted. At XX-XX, there was a mild diffuse XX XX with moderate XX disease and no significant neural XX XX or XX XX. The treatment to date included medications {XX, XX, and XX (not helpful), XX, XX, XX, XX, XX, and XX}, XX therapy in XX for XX months (helpful), a cane, XX electrical nerve stimulation (TENS) unit, and XX / XX epidural steroid injection (helpful). XX. XX had 40 to 60 % improvement in activities of daily living (ADLs) with opioid medications. Per a utilization review decision letter dated XX, the request for XX XX epidural steroid injection at XX-XX was denied by XX XX, XX. Rationale: "The MD note did not document any XX XX XX (HNP) or root XX to support this, and there is also no confirmation that prior XX epidural steroid injections (ESIs) helped in order to support the request for XX XX epidural steroid injection XX-XX." Per an adverse determination letter dated XX, the prior denial was upheld by XX XX, XX. Rationale: "In this case, there is no nerve root compression on MRI, it is documented that XX had normal sensation on physical examination and it is unknown what level(s) were injected before, dates or outcomes. Attempts to reach the provider for additional information were unsuccessful. Therefore, the prior denial is upheld."

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 XX epidural steroid injection XX-XX, XX Injection(s), anesthetic agent and/or steroid, XX epidural, with imaging guidance (fluoroscopy or CT); XX or XX, single level is not recommended as medically necessary, and the previous denials are upheld. There is insufficient information to support a change in determination, and the previous non-certification is upheld. The Official Disability Guidelines note that XX epidural steroid injections are not recommended based on recent evidence, given the serious risks of this procedure in the XX region, and the lack of quality evidence for sustained benefit. If used anyway, the Official Disability Guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. The patient's physical examination fails to document a sensory or motor deficit in a XX or XX distribution. There is no documentation of nerve root compression on MRI.

Therefore, medical necessity is not established in accordance with current evidence based guidelines and the decision is upheld.

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

☐ AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR 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 & TREATMENT GUIDELINES

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ PRESLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL