

# AccuReview

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**[Date notice sent to all parties]:** May 8, 2019

**IRO CASE #:** XX

## **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

XX Epidural Steroid injection with fluoroscopy performed under anesthesia, XX XX

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

This physician is Board certified in Anesthesiology with over 17 years of experience.

## **REVIEW OUTCOME:**

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

Upheld (Agree)

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]:**

XX: Initial Pain Evaluation dictated by XX XX, XX, XX. CC: chronic XX, XX, and XX pain following a work-related injury. DOI XX, injury occurred while working for XX as a XX XX, XX and XX a XX, XX noted a sudden pull in XX XX and XX, and XX which was subsequently treated with rehabilitative and medical management regimen, and then eventually surgical intervention times XX. Unfortunately, XX XX pain continued as moderate to severe, ultimately leading to XX replacement in XX. Since this time, XX has had persistent XX, XX, and XX pain following XX work-related injuries despite appropriately conservative medical, surgical, and rehabilitative efforts. ROS: aggravating factors include standing, sitting, and walking. XX has recently experienced XX and XX coming off XX. PE: XX, tense, antalgic limp and gait, decreased XX flexion at 60 degrees, extension at 30 degrees. XX has moderate XX XX notch tenderness with a positive SLR on the XX at 70 degrees. XX had mild decreased pinprick sensation at the XX-XX distribution, moderate XX XX tenderness. DX: Post XX XX pain syndrome having failed surgical, rehabilitative, and medical treatment options. Moderate to severe reactive XX and XX. XX pain syndrome and generalized deconditioning of the XX XX. Will proceed with a functional restorative approach utilizing XX medications. Will begin on XX-XX XXmg XX and XX XXmg at night.

Given XX XX and XX history, XX may be a viable agent down the road instead of the XX.

XX: Follow up Note dictated by XX XX, XX, XX. Claimant continues to receive XX XX therapy with mixed benefit. XX continues to complain of ongoing pain. XX last autonomic function showed significant curtailment of significance consistent with a XX. New solution XX XXmg/ml, XXml total was entered in the XX, XX now down to XX mg/day as apparently the XX XX up XX XX somewhat XX, getting fair relief. Ultrasound examination for XX XX XX completed.

XX: Operative Report dictated by XX XX, XX, XX. Preoperative diagnoses: 1. Intractable XX pain syndrome associated with post XX XX pain syndrome following work injury. 2. The claimant desires XX of XX and XX XX XX. Postoperative Diagnoses: 1. Intractable XX pain syndrome associated with post XX XX pain syndrome following work injury. 2. The claimant desires XX of XX and XX XX XX.

XX: Follow up Note dictated by XX XX, XX, XX. Claimant reported good pain control with the current drug regimen that includes a weak XX in the form now down to XX No. XX XX to XX times per day, XX XXmg XX, and XX as an XX XX pain medicine. XX is exercising. XX CESD shows good pain XX mechanism in 0/60 on XX CESD and 0/21 on XX GAD-7 test. PE: mild XX XX tenderness, pain with flexion and positive SLR.

XX: Follow up Note dictated by XX XX, XX, XX. CC: moderate to severe XX XX, XX and XX pain aggravated with most routine daily activity. XX wants to undergo XX epidural blockade which should go a long way in hastening XX recovery. XX continues to have moderate pain radiating down XX XX. XX will require IV sedation due to XX of XX. Positive SLR on XX with decreased pinprick sensation.

XX: Determination of Medical Necessity by Peer Review dictated by XX XX, XX. Reason for denial: There is no indication prior injections resulted in an associated reduction in the need for medication use or clinically significant functional improvement. The injured worker continued to require ongoing use of XX pain medication. Further, the medial records XX not identify supportive imaging documenting nerve root encroachment. PE does not document any XX neurological deficits consistent with and acute XX. The claimant does not meet the guideline criteria for a repeat epidural injection. As such, the request for repeat XX epidural steroid injection with fluoroscopy performed under anesthesia is not medically necessary.

XX: UR performed by XX XX, XX. Reason for denial: XX epidural steroid with fluoroscopy performed under anesthesia, XX XX, non-authorized per peer review Explanation of Findings: In this case, a current neurological examination has not been documented to support the presence of a radiculopathy. Moreover, it is noted at the time of a prior physician review, the medical records XX not clearly discuss specific verifiable functional benefit or medication reduction from a prior epidural injection, nor XX the medical records clearly provide a rationale for the injection under anesthesia as has been requested at this time. Moreover, the treatment guidelines generally recommend an epidural injection early in the course of an injury in order to facilitate initial active functional restoration. The guidelines generally XX not predict meaningful prolonged benefit from an epidural injection instead in a chronic postoperative setting such as this more than XX decades after an injury. For these multiple reasons, this request is not medically necessary and should be noncertified.

XX: UR performed by XX XX, XX. Reason for denial: XX ESI with fluoroscopy performed under anesthesia, XX XX, non-authorized per peer review appeal Explanation of Findings: the injured worker has XX XX pain. There was a prior denial of this request due to lack of objective findings. No additional chart documentation noting objective radiculopathy is available. Furthermore, it remains unclear whether the prior injection lead to verifiable functional benefit medication reduction. Overall, the provider does not address the reasons for the prior denial. Hence the request remains not medically necessary.

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

The previous adverse determinations are agreed upon. Based on records submitted and peer-reviewed guidelines, this request is non-certified. XX ESI with fluoroscopy performed under anesthesia, XX XX is denied. There is no documentation

noting objective radiculopathy. Furthermore, it remains unclear whether the prior injection lead to verifiable functional benefit medication reduction. Overall, the provider does not address the reasons for the prior denial; the request remains not medically necessary. Therefore, after reviewing the medical records and documentation that was submitted, the request for XX Epidural Steroid injection with fluoroscopy performed under anesthesia, XX XX is denied.

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)