

MATUTECH, INC.

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DATE OF REVIEW: MAY 11, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical epidural steroid injection #2 (62311)

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

BOARD CERTIFIED IN PHYSICAL MEDICINE AND REHABILITATION WITH
SUBSPECIALTY BOARD CERTIFICATION IN PAIN MEDICINE

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 or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Claims & :

Office notes (xx/xx/xx– 03/20/07)
Diagnostic studies (06/13/02 – 02/13/07)
Procedure notes (08/20/02 – 01/26/07)
RME (12/19/02 & 06/08/04)
FCE (12/19/02 & 06/08/04)

M.D.:

Office notes (01/05/07 – 04/03/07)
Procedure notes (01/26/07)

PATIENT CLINICAL HISTORY [SUMMARY]:

This female developed severe neck and right arm pain after lifting boxes of meat while at work.

D.C., rendered physical therapy (PT), which provided temporary relief. Magnetic resonance imaging (MRI) of the cervical spine revealed a large 7-mm central disc extrusion and C6-C7 moderate spinal canal stenosis; 5-mm central left

paracentral disc extrusion at C3-C4; a 3-mm central disc protrusion at C4-C5; and a 3-mm broad annular disc bulge at C5-C6. A cervical computerized tomography (CT)-myelogram revealed severe central canal stenosis with spinal cord compression related to disc herniation and ossification in the posterior longitudinal ligament from C3 through C7; the most advanced stenosis at C6-C7 with a combination of a 4-mm diffuse herniation with spondylosis, a right foraminal soft disc extrusion, and bilateral ligamentum flavum prominence contributing to stenosis. Electrodiagnostic studies revealed moderate-to-severe C7 radiculopathy on the right and mild right carpal tunnel syndrome (CTS).

M.D., a neurosurgeon, performed anterior cervical discectomy and fusion (ACDF) from C5 through C7 on August. She was on antidiabetic medications. Dr. administered trigger point injections (TPI) in the bilateral trapezial and intrascapular areas. The patient was placed in postoperative rehabilitation. In a required medical evaluation (RME), M.D., suggested lifting restrictions at work and weight reduction.

In August, Dr. obtained a cervical CT, which revealed a solidly confluent interbody graft from C5 through C7, disc protrusion and central stenosis at C3-C4 and C4-C5, and a disc protrusion at C2-C3 as well as central stenosis. Electrodiagnostic studies revealed an acute right median mononeuropathy at the wrist and a chronic radiculopathy at C7 and C8. Dr. assessed clinical maximum medical improvement (MMI) as of February 17, 2003, and assigned 15% whole person impairment (WPI) rating. From 2003 through 2005, the patient underwent cervical epidural steroid injections (ESI) x6, TPIs x2, and occipital nerve blocks x2. However, the ESIs and TPIs provided only transient relief. A video surveillance showed the patient to be capable of walking, standing, leaning, and walking up and downstairs without an assistive device. In June 2004, M.D., in an RME, opined that further invasive techniques including TPIs, cervical ESIs, and facet injections should be discontinued especially due to the risk of using steroids in a diabetic patient. In 2006, Dr. administered TPIs into the trapezius x2 and prescribed hydrocodone, Relafen, ketoprofen, cyclobenzaprine, Effexor, Medrol Dosepak, carisoprodol, and Flexeril.

In January 2007, the patient returned to Dr. for her chronic cervical radiculopathy, left worse than right. Looking at the significant examination findings (tenderness in the trapezius, moderate spasm on the left, and hypesthesia in the second, third, and fourth fingers of the right hand) and the intolerable and intractable symptoms not responding to the home exercise program (HEP), Dr. recommended a cervical ESI. On January 26, 2007, the patient underwent a cervical ESI and reported 50% improvement, but later, her symptoms returned and she had increased pain on the right.

On February 11, 2007, a request was placed for a second cervical ESI and it was stated that the patient did well with the injections in the past and she might be a potential candidate for fusion at C3-C4 and C4-C5 (the physician wished to avoid in this case).

On March 8, 2007, a request for the ESI was denied for the following reason: *There had been at least four epidural injections within the past 12 months. The patient was status-post ACDF over four years. The request exceeded ODG*

guidelines. Records reflected continuous polypharmacy with an evidence of functional improvement. On March 20, 2007, a reconsideration request was made for the second cervical ESI. On April 3, 2007, the patient returned to Dr. for chronic cervical radiculopathy, left worse than right. There was moderate tenderness and spasms in the upper trapezius, especially on the left. Medications were continued.

On April 6, 2007, the reconsideration request was denied. The following rationale was given: *ESI alone offers no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There are no such objective findings that are documented. Additionally, there is no documented anomaly at the level to be injected (C7, T1). The anomalies at other levels are not neurocompressive in nature. Lastly, the patient has not obtained lasting relief from prior cervical ESIs.*

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

INFORMATION INDICATES NO SUBSTANTIAL RELIEF OR RETURN OF FUNCTION WITH UP TO 4 ESI INJECTIONS WITHIN LAST 12 MONTHS. THIS WOULD EXCEED REASONABLE LIMIT PER ISIS GUIDES. THE PATIENT'S LACK OF SUBSTANTIAL BENEFIT WOULD PRECLUDE CONTINUATION OF SUCH TREATMENT METHODS AND WOULD REQUIRE CONSIDERATION OF ANOTHER DEFINITIVE PLAN SUCH AS SURGICAL OR TERTIARY CARE.

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

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME ISIS SPINE TREATMENT GUIDES. FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)