

RYCO MedReview

Notice of Independent Review Decision

DATE OF REVIEW: 05/11/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical therapy for the cervical spine, bilateral upper extremity physical therapy, and a cervical epidural steroid injection (ESI)

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

Board Certified in Orthopedic Surgery

REVIEW OUTCOME

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

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

An EMG/NCV study interpreted by, M.D. dated 04/01/03
An MRI of the cervical spine interpreted by, M.D. dated 04/14/03
X-rays of the cervical spine interpreted by Dr. dated 04/15/03
Evaluations with, M.D. dated 12/10/03, 12/24/03, 01/12/04, 02/02/04, 02/09/04, 11/23/05, 12/21/05, 01/18/06, 02/15/06, 03/15/06, 04/05/06, 04/19/06, 05/03/06,

06/08/06, 07/06/06, 08/03/06, 08/31/06, 09/28/06, 10/26/06, 11/21/06, 12/19/06, 01/30/07, 02/27/07, 03/27/07, and 04/24/07

An evaluation with, M.D. dated 04/21/04

Designated Doctor Evaluations with, D.O. dated 03/25/04 and 03/14/06

A Functional Capacity Evaluation (FCE) with Dr. dated 03/14/06

A letter from Dr. dated 03/27/04

EMG/NCV studies interpreted by, M.D. dated 04/01/04 and 03/03/05

An MRI of the right shoulder interpreted by, M.D. dated 12/21/04

SSEP and DSEP studies interpreted by, M.D. dated 11/30/05

Required Medical Evaluations (RMEs) with, M.D. dated 12/07/05 and 03/22/07

A physical therapy evaluation with, P.T. dated 12/09/05

Physical therapy with Mr. dated 12/09/05, 12/12/05, 12/14/05, 12/16/05, 12/19/05, 12/21/05, 12/23/05, 12/28/05, and 12/30/05

An MRI of the brain interpreted by , M.D. dated 12/29/05

Non-authorization notices from, M.D. at dated 01/31/06 and 11/01/06

An EMG/NCV study interpreted by, D.C. dated 03/14/06

An MRI of the cervical spine interpreted by, M.D. dated 03/29/06

A letter from Dr. dated 12/21/06

An impairment rating evaluation with, D.O. dated 02/12/07

A non-authorization notice from, M.D. at dated 03/14/07

Letters from at dated 05/02/07 and 05/08/07

PATIENT CLINICAL HISTORY [SUMMARY]:

An EMG/NCV study interpreted by Dr. dated 04/01/03 revealed mild chronic right C6-C7 radiculopathy. An MRI of the cervical spine interpreted by Dr. dated 04/14/03 revealed degenerative changes at C3 through C5 with foraminal stenosis at C8. On 03/25/04, Dr. placed the patient at Maximum Medical Improvement (MMI) with a 6% whole person impairment rating. An EMG/NCV study interpreted by Dr. on 04/01/04 revealed severe right sided carpal tunnel syndrome and mild to moderate bilateral C5-C7 radiculopathy. On 04/21/04, Dr. disagreed with the MMI and noted surgery was pending. An MRI of the right shoulder interpreted by Dr. dated 12/21/04 revealed severe hypertrophic facet changes with impingement, chondromalacia, and fluid in the AC joint. An EMG/NCV study interpreted by Dr. dated 03/03/05 revealed moderate to severe left-sided carpal tunnel syndrome. An SSEP/DSEP study interpreted by Dr. revealed left median nerve neuropathy at the wrist and bilateral C5-C6 radiculopathy. Physical therapy was performed with Mr. from 12/09/05 through 12/30/05 for a total of nine sessions. An MRI of the brain interpreted by Dr. on 12/29/05 revealed minimal chronic small vessel ischemia. On 01/31/06 and 11/01/06, Dr. wrote letters of non-authorization for physical therapy and an ESI. On 03/14/06, Dr. placed the patient at statutory MMI as of 02/16/06 with a 7% whole person impairment rating. An FCE with Dr. on 03/14/06 indicated the patient functioned in the sedentary light physical demand level. An EMG/NCV study interpreted by Dr. dated 03/14/06 revealed mild slowing of the ulnar sensory nerves at both wrists. An MRI of the cervical spine interpreted by Dr.

dated 03/29/06 revealed mild disc bulges/protrusions from C3 to C6. On 07/06/06, Dr. requested a possible neuroradiology evaluation. On 10/26/06 and 02/27/07, Dr. requested a cervical ESI. On 02/12/07, Dr. provided a 40% whole person impairment rating. On 03/14/07, Dr. provided a non-authorization notice for a cervical ESI. On 03/22/07, Dr. recommended weaning from medication and a repeat EMG/NCV study.

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

The use of ongoing supervised physical therapy for the cervical spine or bilateral upper extremities is neither reasonable nor necessary. This patient's injury occurred in xxxx and she has had several series of physical therapy. At this time, she should be well versed in a home exercise program and should be performing those exercises without the need for further ongoing therapy. The use of physical therapy at this time is neither reasonable, nor necessary and is contraindicated by multiple guidelines, including the North American Spine Society Guidelines, the ODG, and ACOEM Guidelines.

With regard to the cervical ESI, the patient has already had several injections. There is no objective evidence of cervical radiculopathy. There is no objective evidence of compression on the nerves. This individual has had multiple ESIs without significant relief. The guidelines published for the lumbar spine in *The Journal of Neurosurgery/Spine*, published in 2005 by Resnick et al, indicates the use of epidural injection is not recommended in the presence of chronic pain. The same is certainly true for the cervical spine. Passaor Educational Guidelines for the Performance of Spinal Injection Procedures by Kevin Pauza, M.D., indicates the use of injection therapy is appropriate for acute cases rather than chronic cases. In my opinion, the performance of the epidural injection is neither reasonable, nor necessary.

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 BACK 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)

North American Spine Society Guidelines

The Journal of Neurosurgery/Spine, published in 2005 by Resnick et al

Passaor Educational Guidelines for the Performance of Spinal Injection Procedures by Kevin Pauza, M.D.,