PROFESSIONAL ASSOCIATES

Notice of Independent Review Decision

DATE OF REVIEW: 10/17/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Cervical epidural steroid injection

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:

X 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.

Cervical epidural steroid injection - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

An MRI of the cervical spine interpreted by M.D.
An EMG/NCV study interpreted by M.D. dated 06/21/05
An MRI of the left shoulder post arthrogram interpreted by M.D dated 04/04/06

A report of approval, according to the ODG Guidelines, from M.D. dated 05/11/06
A report of denial, according to the ODG Guidelines, from an unknown provider (signature was illegible) dated 06/06/06
An operative report from M.D. dated 08/30/06
An evaluation with M.D. dated 03/08/07
X-rays of the lumbar and cervical spine interpreted by Dr. dated 03/08/07
A cervical myelogram CT scan interpreted by Dr. dated 03/08/07
Reports of approval and denial, according to an unknown source, from an unknown provider (no name or signature was available) dated 04/13/07 and 05/25/07
A prescription from D.O. dated 05/29/07
Evaluations with D.O. dated 06/19/07 and 07/30/07
A report of denial and partial approval, according to an unknown source, from Ph.D. dated 06/29/07
A letter of denial, according to an unknown source, from an unknown nurse (signature was illegible) dated 08/01/07
A peer-to-peer review with M.D. dated 08/07/07
Letters of denial, according to the ODG Guidelines, dated 08/08/07 and 08/23/07
A letter of denial from Dr., according to an unknown source, dated 08/15/07
A letter of appeal from Dr. dated 08/24/07
A letter of denial, according to the ODG Guidelines, from M.D. dated 09/27/07

PATIENT CLINICAL HISTORY

An MRI of the cervical spine interpreted by Dr. revealed mild spondylosis and a disc bulge at C4-C5 and multilevel facet disease. An EMG/NCV study interpreted by Dr. on 06/21/05 revealed a root traction injury at C5-T1. An MRI of the left shoulder interpreted by Dr. on 04/04/06 revealed a suspected small supraspinatus tear, a labral cyst, and an anteroinferior cartilaginous labrum injury. On 05/11/06, Dr. wrote a letter of approval for right wrist ulnar shortening osteotomy with internal fixation. On 06/08/06, an unknown provider wrote a letter of denial for a third cervical epidural steroid injection (ESI). Left shoulder surgery was performed by Dr. on 08/30/06. X-rays of the lumbar and cervical spine interpreted by Dr. on 03/08/07 revealed only muscle spasms in the cervical spine. A cervical myelogram CT scan interpreted by Dr. on 03/08/07 revealed decreased nerve root sleeve filling at C4 through T1 and disc bulging at C2 through T1 with sclerosis of the left articular facets at C7-T1. On 04/13/07 and 05/25/07, there were blank letters from an unknown physician. On 05/29/07, Dr. requested a cervical ESI. On 06/19/07, Dr. also recommended cervical ESIs. On 06/26/07, Dr. provided a letter of approval for the 90806 treatment code and a letter of denial for the 96152 treatment code. On 07/30/07, Dr. again recommended a cervical ESI. On 08/01/07, an unknown physician wrote a letter of denial for the cervical ESI. A peer-to-peer with Dr. on 08/07/07 resulted in a denial for a cervical ESI. On 08/15/07, Dr. wrote a letter of denial for a cervical ESI. On 08/23/07, also wrote a letter of denial for the cervical ESI. On 09/27/07, Dr. also wrote a letter of denial for the cervical ESI.

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

The screening criterion promulgated by the ODG includes the following items that are not present in this individual's case.

First, radiculopathy must be documented by physical examination and corroborated either by imaging studies or electrodiagnostic tests. Electrodiagnostic testing was very non-specific with multilevel nerve root irritation, not corroborated by any physical examination. The MRI does not show any evidence of nerve root compression. The patient's pain syndrome appears to be axial rather than radicular. Therefore, the patient failed on this basis.

Second, the patient has not documented a significant response. In a peer-to-peer communication documented in this chart, the patient did not receive 50% relief for six to eight weeks. Repeat injections should only be authorized if there is continued objective documented pain and functional response, which this patient has not documented. Therefore, on this basis, I do not believe the requested cervical epidural injection is reasonable or necessary as related to the original injury.

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 AND KNOWLEDGE BASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- X **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES FOR NECK AND UPPER BACK CONDITIONS**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- X **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**

☐ **MILLIMAN CARE GUIDELINES**

X **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)**