

# **MATUTECH, INC.**

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Notice of Independent Review Decision

**DATE OF REVIEW:** SEPTEMBER 7, 2007

**IRO CASE #:**

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

Cervical ESI under anesthesia under fluoroscopy

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

The physician providing this review is a physician, doctor of medicine. The reviewer is national board certified in physical medicine and rehabilitation. The reviewer is a member of American Academy of Physical Medicine and Rehabilitation. The reviewer has been in active practice for twenty-three years.

**REVIEW OUTCOME**

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

Overturned (Disagree)

Medical documentation supports the medical necessity of cervical ESI under anesthesia under fluoroscopy

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

D.O.

- Office notes (05/24/07 - 08/07/07)
- Cervical ESI (06/20/07)
- Utilization reviews (07/10/07 - 08/14/07)
  
- Office notes (11/07/02 – 07/09/07)
- Cervical ESIs x7, right and left stellate ganglion blocks x3, and caudal ESI x1 (10/22/03 - 06/20/07)
- Therapy and individual psychotherapy (11/07/02 – 07/28/04)
- FCE (12/03/04)
- Peer review (04/08/04)

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who injured his back while shifting stock shelves.

The patient has a history of lumbar surgeries in 1991 or 1994. Following the injury, he underwent a lumbar redo fusion in November 2000 and cervical fusion in 2002. In November 2002, he was treated with multiple sessions of therapy that lasted through 2003.

In August 2003, D.O., a pain specialist, assessed chronic neck and back pain syndrome secondary to failed surgical intervention, possible complex regional pain syndrome (CRPS) or chronic neuropathic pain syndrome, and moderate-to-severe reactive depression associated with chronic pain. He performed cervical epidural steroid injection (ESI) on three occasions and caudal ESI on one occasion. The patient was placed on OxyContin, Norco, Effexor, Zanaflex, and amitriptyline.

In 2004, he was treated with left and right stellate ganglion blocks on three occasions for bilateral upper extremity CRPS. Later, Dr. scheduled him for a trial spinal cord stimulator (SCS) and bilateral lumbar sympathetic blocks for chronic leg pain. In a psychological evaluation, the patient was diagnosed with severe major depressive disorder and chronic pain syndrome for which a chronic pain management program (CPMP) was recommended. Initially, the patient attended six sessions of individual counseling. In a peer review, CPMP was felt to be necessary whereas no additional diagnostics or invasive measures were recommended. In a functional capacity evaluation (FCE), the patient was found significantly below his required work level.

In 2005, Dr. continued the patient on OxyContin, Norco, Neurontin, amitriptyline, and Effexor. In 2006, he performed cervical ESIs with lysis of adhesions on three occasions. In a clinical interview, the patient was diagnosed with pain disorder and recurrent major depressive disorder and was recommended to undergo 20 days of CPMP.

In 2007, Dr. stated that the patient was better in respect to CRPS and neck pain with the prior treatment over the last year. He refilled medications and performed a cervical ESI in June 2007. He recommended two more ESIs.

In July, cervical ESI #2 was nonauthorized. Rationale: *The purpose of ESI is to reduce pain and inflammation, restoring ROM and thereby facilitating progress in more active frequent programs, and avoiding surgery. But, this treatment alone offers no significant long-term functional benefit. Following criteria should be fulfilled for ESIs. (a) Radiculopathy must be documented by a physical examination and corroborated by imaging studies and/or electrodiagnostic testing. (b) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). (c) Injections should be performed using fluoroscopy for guidance. (d) If used for diagnosis purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic block should be at an interval of at least one to two weeks between injections. (e) No more than two nerve root levels should be injected using transforaminal blocks. (f) No more than one interlaminar level should be injected at one session. (g) In the therapeutic phase, repeat block should only be offered if there is at least 50% pain relief for six to eight weeks with a general recommendation of no more than*

four blocks per year. (h) Repeat injection should be based on continued objective documented pain and function response. (i) Current research does not support "series-of-three" injections in either the diagnostic or therapeutic phase. Conclusion: Based on the clinical information provided, the request for repeat cervical ESI is not medically necessary. The patient underwent C6-C7 injections less than one month ago. Progress notes dated June 27, 2007, indicated that the patient was overall better. Per ODG, repeat blocks should be performed only if the previous injection provided at least 50% relief for six to eight weeks.

On August 14, 2007, an adverse determination was given for reconsideration/appeal for cervical ESI providing the similar rationale.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.** I HAVE READ THE RATIONALE FOR DENIAL AND ESSENTIALLY THIS PATIENT MEETS THE CRITERIA FOR A SECOND ESI ALTHOUGH IT IS POORLY DOCUMENTED EXACTLY WHAT THE PERCENT IMPROVEMENT ACTUALLY WAS. ODG, AND OTHERS, REPORT IF THERE IS 50% RESPONSE OR GREATER THEN A SECOND ESI IS REASONABLE. IF ONE LOOKS AT HIS HISTORY HE HAS HAD GOOD RESPONSE IN THE PAST AND DID SO ON THIS INITIAL PROCEDURE, ALTHOUGH THE PERCENT IS NOT DOCUMENTED. IN MY OPINION, WITH IMPROVEMENT DOCUMENTED, HISTORY OF SUCCESS AND ALL OTHER CRITERIA MET, IT IS APPROPRIATE TO PERFORM A SECOND ESI.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**