



# PROFESSIONAL ASSOCIATES

## Notice of Independent Review Decision

**DATE OF REVIEW:** 04/10/08

**IRO CASE #:**

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

Cervical epidural steroid injection (ESI) under fluoroscopy and IV sedation

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

Board Certified in Anesthesiology  
Fellowship Trained in Pain Management  
Added Qualifications in Pain Medicine

**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.

Cervical epidural steroid injection (ESI) under fluoroscopy and IV sedation -  
Upheld

## **PATIENT CLINICAL HISTORY**

This patient was allegedly injured on xx/xx/xx. He allegedly suffered a hyperextension injury to his neck. A cervical MRI scan subsequently demonstrated C3 through C7 spinal stenosis with disc bulging at all of those levels. On 12/08/03, the patient underwent decompression and laminoplasty from C3 to C7, but continued to have severe pain, muscle spasm, and radiation of pain down the left shoulder into the arm. He was seen by Dr. for a Designated Doctor Evaluation on 09/09/04 who indicated that the patient was taking 50 mg. to 60 mg. of Methadone per day and was very depressed. Dr. noted that the patient was crying uncontrollably during the evaluation. The patient complained of pain in the left side of the neck radiating down the left arm as well as left upper back and headache pain. The pain level was said to be 8/10 to 9.5/10. Dr. stated the patient was not at Maximum Medical Improvement (MMI). On 12/20/04, the patient was evaluated by Dr. for a pain management consultation. Dr. noted that the patient's injury allegedly occurred as he pulled himself off the ground and hit his head on a bucket. There was no mention of a hyperextension injury made by Dr. Dr. also noted that the patient had recently begun an interdisciplinary chronic pain management program and recommended that the patient continue that program. The patient was taking 80 mg. Methadone a day, Trazodone 100 mg. at night, Flexeril three times a day, and Effexor 75 mg. once daily. Along with recommendation for continued interdisciplinary chronic pain program, Dr. increased the Effexor, started Zanaflex, and recommended a cervical epidural steroid injection (ESI). Dr. then performed cervical ESIs with epidural catheterization in May and July 2006. On 01/16/07, the patient had a spinal cord stimulator trial performed by Dr. apparently followed by placement of a permanent spinal cord stimulator system. Dr. continued to follow-up with the patient in March and April 2007 and

noted “70% improvement” with excellent paresthesia from the left neck through the left arm. In January 2008, Dr. noted the patient was still having “significant improvement” and was now taking only Norco and Cymbalta. On 02/25/08, Dr. noted the patient had lifted a book recently and “re-injured his neck.” Dr. then requested a cervical ESI as a “booster injection.” No physical examination was performed by Dr. during that visit nor were any radiologic imaging studies ordered. That request was subsequently reviewed by two separate physician advisers, both of whom recommended non-authorization of the requested cervical ESI by catheterization. In an appeal for the procedure on 03/04/08, Dr. documented that the patient had undergone this procedure previously and received “more than 70% improvement.” This is, however, quite clearly not the case, as the patient would otherwise not have had a spinal cord stimulator trial requested and performed in January 2007. On 03/10/08, Dr. reevaluated the patient. On his physical examination, he noted nothing more than trigger point tenderness in the trapezius and intrascapular regions. He again recommended cervical ESI. A second physician reviewer subsequently reviewed the appeal, again recommending non-authorization based on lack of documentation of how long the alleged previous relief lasted and the lack of documentation supporting effectiveness of previous ESIs on this patient.

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

This patient has already completed a full chronic pain management program and has also undergone at least two prior procedures identical to the procedure currently being requested. Had those procedures provided the significant degree of relief that Dr. alleges, there would logically have been absolutely no reason for Dr. to subsequently perform spinal cord stimulator trial and later implantation. Therefore, the only logical conclusion that can be reached is that the two prior procedures identical to the one currently being requested did not provide significant sustained or sufficient relief. Otherwise, there would have been no medical reason or necessity for the subsequent spinal cord stimulator trial or placement. The requesting physician cannot have it both ways. He cannot state that the prior procedures identical to the one currently being requested were significantly beneficial and at the same time request and perform spinal cord stimulation. Additionally, and perhaps more importantly, Dr. has not documented any physical examination evidence whatsoever of radiculopathy, nor is there currently any objective evidence of any residual or recurrent pathology in the patient’s cervical spine that would provide a valid medical reason or indication for performing cervical epidural steroid injections per the ODG or the ACOEM Guidelines. Specifically, there is currently no objective imaging study evidence of recurrent or residual disc herniation or spinal stenosis that would provide the medical indication for performing this injection.

Therefore, since prior procedures identical to the one currently being requested provided no clinically significant benefit and there is currently no examination evidence of radiculopathy or objective imaging study evidence of residual or

recurrent pathology involving the cervical spine, the requested cervical epidural ESI under fluoroscopy and IV sedation is not medically reasonable or necessary. The prior recommendations for non-authorization, therefore, are upheld.

**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**
- 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)**