



5068 West Plano Parkway Suite 122
 Plano, Texas 75093
 Phone: (972) 931-5100

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

CESI

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

This case was reviewed by a Texas licensed DO, specializing in Osteopathy, Physical Medicine & Rehabilitation. The physician advisor has the following additional qualifications, if applicable:

ABMS, AOA Physical Medicine & Rehabilitation, Physical Medicine and Rehabilitation: Pain Medicine
 TX DWC ADL

REVIEW OUTCOME:

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

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
CESI	62310, 77003	-	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	UR Review		2	02.11.2008	02.11.2008
2	UR Review Appeal		2	02.21.2008	02.21.2008
3	Initial Prospective		4	02.11.2008	02.11.2008
4	Appeal Prospective		4	03.27.2008	03.27.2008
5	Office Visit	Pain Group	4	02.07.2008	02.18.2008
6	Diagnostic	Diagnostic	3	11.17.2007	11.17.2007
7	Diagnostic	Imaging and Diagnostic Center	1	09.14.2007	09.14.2007

8	Office Visit	Neurology	2	01.10.2007	01.10.2007
9	Office Visit	Chronic Pain Management	5	02.25.2008	02.25.2008

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient with neck and left arm pain since 7/06. Patient had C5-7 fusion 4/07. Patient still with left arm pain and numbness. EMG showed carpal tunnel syndrome. MRI showed no stenosis above or below the stable fusion. FCE recently stated patient required very-heavy level and was able to perform at the Light demand level .

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

Lack of findings on exam, imaging or electrodiagnostic testing to support need for cervical epidural steroid injection.

Request does not meet ODG.

Criteria for the use of Epidural steroid injections:

Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit.

- 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.
- 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).
- 3) Injections should be performed using fluoroscopy (live x-ray) for guidance
- 4) If used for diagnostic 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 blocks should be at an interval of at least one to two weeks between injections.
- 5) No more than two nerve root levels should be injected using transforaminal blocks.
- 6) No more than one interlaminar level should be injected at one session.
- 7) In the therapeutic phase, repeat blocks 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 4 blocks per region per year.
- 8) Repeat injections should be based on continued objective documented pain and function response.
- 9) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections.

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

ODG:

