

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 07/17/08

**IRO CASE #:**

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

Cervical epidural steroid injection #2 at C5/C6 with fluoroscopy (62310, 77002).

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

D.O., duly licensed in the State of Texas, Fellowship Trained in Pain Medicine, Board Certified in Anesthesiology with Certificate of Added Qualifications in Pain Medicine, with over twenty years of clinical experience in the practice of chronic pain management, currently in active practice

**REVIEW OUTCOME:**

Upon independent review, I find that the previous adverse determination or determinations should be:

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

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
847.0	62310	NA	Preauth.						Upheld
847.0	77002	NA	Preauth.						Upheld

**INFORMATION PROVIDED FOR REVIEW:**

1. TDI case assignment
2. Letter of denial 05/14/08 that includes criteria used in the denial (ODG)
3. Preauthorization forms 03/31/08 & 05/05/08
4. Office visits 01/02/08 – 05/02/08 (5 visits)
5. Radiology reports: Cervical MRIs 12/01/07 and 04/25/08.

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This claimant was injured on xx/xx/xx after picking up boxes on a conveyor belt. She subsequently felt pain in her neck. Cervical MRI scan on 12/01/07 demonstrated mild foraminal narrowing at C5/C6 on the left only. No other findings were noted. No disc herniation or nerve root compression was noted.

On 01/02/08 the claimant was evaluated and 90% of her pain complaint was in her neck and 10% in the left upper extremity. The physician recommended epidural steroid injection and physical therapy. He followed up with the claimant on 02/13/08 and performed a C5/C6 translaminar epidural steroid injection. The claimant returned for follow up on 03/18/08. The worsening of the claimant's pain and symptoms was documented, characterizing this as "progressive neurologic deficits." He recommended a repeat cervical MRI scan and a repeat cervical epidural steroid injection.

Follow up on 03/20/08 noted that the patient's pain had increased from a level of 5/10 to 10/10, and she had approximately one day of non-specified amount of relief following the epidural steroid injection on 02/13/08.

Repeat cervical MRI scan was performed on 04/25/08, which was said to be "mildly limited" due to motion artifact. That MRI scan demonstrated a disc bulge at C5/C6 with facet hypertrophy on

the left but no spinal stenosis or neural foraminal stenosis. Mild disc degeneration was also noted at C2/C3, C3/C4, and C4/C5 but no central canal or neural foraminal stenosis at any level.

In follow up on 05/02/08, yet another MRI scan was recommended due to the motion artifact, as well as a repeat cervical epidural steroid injection. Two separate physician advisers subsequently reviewed that request, both recommending non-authorization of a repeat cervical epidural steroid injection at C5/C6.

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

ODG Treatment Guidelines state that epidural steroid injections are medically reasonable and necessary to treat radicular pain with corroborative findings on radiologic imaging studies. In this case, radiologic imaging studies demonstrate nothing more than mild non-compressive foraminal narrowing at the C5/C6 level with no evidence of disc herniation, nerve root compression, spinal cord compression, spinal stenosis, or foraminal stenosis.

This claimant's subjective pain complaints are not corroborated by either of the two cervical MRI scans that have been performed. Additionally, the claimant obtained no more than one day of non-specified degree of relief from the cervical epidural steroid injection performed on 02/13/08. Therefore, based upon the lack of corroboration between the claimant's subjective complaints and objective imaging studies and the insignificant clinical response obtained from an initial cervical epidural steroid injection, there is no medical reason or necessity for a second cervical epidural steroid injection to be performed. The recommendations for non-authorization of this procedure by the two previous physician advisers are upheld.

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

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
- AHCPH- 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)