Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: MARCH 10, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed Cervical ESI (62310, 77003) up to 4xs per year

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of medicine.

REVIEW OUTCOME

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

XX Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
723.1	62310, 77003		Prosp	4					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-17 pages

Respondent records- a total of 26 pages of records received to include but not limited to:
letter 2.25.08 letters, 2.8.08, 2.1.08; Report from Dr., 12.18.07;

First report or Injury xx/xx/xx ; MRI C-Spine 6.18.03; Myelogram and CT Myelogram C-Spine 9.9.03; NCV study 12.30.03; DDE 3.17.03 revised 6.8.04; clinic note, Dr. 11.27.07; ODG were not provided

Requestor records- a total of 42 pages of records received to include but not limited to:
Medical records from Dr., 11.27.07-2.22.08; request for an IRO forms; letters, 2.8.08, 2.1.08, 1.31.08; report, Dr., 5.16.06; notes Clinic, 11.14.07; MRI C-Spine 6.18.03;
radiology report, C-Spine 5.27.03; Myelogram and CT Myelogram C-Spine 9.9.03; NCV study 12.30.03

PATIENT CLINICAL HISTORY [SUMMARY]:

In reviewing the extensive medical records provided to me regarding this case, it indicates a xx-year-old gentleman who was working as a technician at xxxxxx where he initially sustained injury on xx/xx/xx when working underneath the vehicle when he turned his head to the left and developed left neck pain and left arm radicular symptoms. He had a workup in 2003 which showed x-ray of the cervical spine with posterior disc space loss at C5-C6 and C6-C7. He received an MRI of the cervical spine showing a 2-mm bulge at C3-C4 and a broad-based disc bulge under 3 mm at C4-C5 and C5-C6 that flattened the anterior thecal sac without herniation or stenosis. There was also reporting of lateralization of the disc bulge at C6-C7 but that it did not impinge upon the neural elements. He was treated with conservative care.

He had a cervical myelogram and CT scan on 09/09/2003, which showed a soft tissue protrusion at C3-C4 without evidence of cord compression and soft tissue protrusion with mild flattening of the cord at C4-C5. There was a soft tissue protrusion and in-plate osteophytes with mild compression of the cord at C5-C6 and protrusion at C6-C7, but no cord compression documented on that interpretation by Dr..

He has had conservative measures awarded to him. He has undergone an electrodiagnostic study ready by Dr. in December of 2003. I have personal knowledge of Dr. system where he has technicians perform both the nerve conduction studies and the needle part and reads them remotely. This is not consistent with the recommendations of AAEM, nor is the conclusion that Dr. came up with the diagnosis of C8 radiculopathy more severe on the left side, consistent with the anatomical findings.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

Now, some 5 years later, Dr., an anesthesiologist, is requesting epidural steroid injections up to 4 times per year, as he feels is consistent with the ODG guidelines. Careful review of the ODG guidelines is quite clear and indicates a series of issues that must be present in order to approve and cover radiculopathy:

1. First, that there should be evidence of cervical radiculopathy in order to provide the procedure of cervical epidural steroid injection.
2. Second, that both electrodiagnostic and imaging studies should corroborate the clinical findings of radiculopathy. In this case, there is no documented recent evidence of radiculopathy in this gentleman's case. There are only complaints of radicular symptoms into the arm, which has clearly been noted to involve both arms.
3. Finally, the patient must be initially unresponsive to conservative treatment. The injections should be performed using fluoroscopy and, if used for diagnostic purposes, a maximum of 2 injections should be performed. Further recommendation is no more than

2 nerve root levels should be injected using transforaminal blocks. A recommendation indicates no more than 1 interlaminar level should be injected at a single session.

In the therapeutic phase, if recommendation is made for therapeutic phase, at least a 50% pain relief for 6-8 weeks must be noted and that a general recommendation of no more than 4 blocks per region per year should be approved. None of the records here have indicated that previous blocks have given at least a 50% pain relief for 6-8 weeks.

Clearly, the initial indications of radiculopathy by physical exam and corroborated by imaging studies does not appear to be met and has been the basis of denial in the past. I do agree with Dr. in that he is correct in his reading 1/7 of the recommendations where it does state in the therapeutic phase that repeat blocks should be offered only if there is at least 50% pain relief. I do not note anywhere in Dr. records that he documented at least 50% pain relief from previous injections that has lasted 6-8 weeks or longer. I again do not find clinical information available in the records to support a recommendation for this procedure.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES