



Notice of Independent Review Decision

DATE OF REVIEW: 5/20/08

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for a CT scan at C5-C7 and a facet joint steroid injection at C6-C7 and C7-T1.

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

Texas licensed orthopedic surgeon.

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.

The previously denied request for a CT scan at C5-C7 is being overturned and the facet joint steroid injection at C6-C7 and C7-T1 is being upheld.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Notice to Utilization Review Agent of Assignment of Independent Review Organization dated 5/9/08.
- Note dated 5/9/08.

- Notice of Assignment of Independent Review Determination dated 5/9/08.
- Independent Review Organization Request Form dated 5/8/08.
- Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 5/8/08.
- Request for a Review by an Independent Review Organization dated 5/5/08.
- Company Request for Independent Review Organization dated 5/6/08.
- Pre-Authorization Request Form (unspecified date).
- Notice of Assignment of Independent Review Organization dated 5/9/08.
- Instructions Sheet (unspecified date).
- Determination Notification Letter dated 4/4/08, 3/25/08.
- Recommended Services for Medical Treatment dated 3/4/08.
- Follow-Up Visit Report dated 3/4/08, 11/6/07, 9/17/07, 5/15/07, 4/25/07, 4/3/07, 3/4/08.
- Electromyogram and Nerve Conduction Studies Report (EMG/NCS) dated 5/1/07.
- Operative Report dated 4/27/06.
- Cervical Spine X-Ray (Status Post Myelogram) dated 1/19/06.
- Cervical Spine CT Scan dated 1/19/06.
- Cervical Spine MRI dated 12/16/05.
- Claim Notes dated 4/26/08 through 12/20/05.

There were no guidelines provided by the URA for this referral.

PATIENT CLINICAL HISTORY (SUMMARY):

Age:

Gender: Female

Date of Injury:

Mechanism of Injury: The ceiling light fixture fell on her head/shoulder.

Diagnosis: Cervical herniated disc at C6-7 and cervical spondylosis; status post microdiscectomy at 2 levels.

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

This female reportedly was diagnosed with cervical radicular syndrome with herniated nucleus pulposus, C6-7 and cervical spondylosis, C5-6 related to a date of injury on xx/xx/xx. The mechanism of injury was the ceiling light fixture fell on her head/shoulder while in an X-ray developing room. The records indicated that the claimant underwent a microdiscectomy at C6-7, with removal of an extruded herniated disc and C4-5 microdiscectomy on 04/27/06. In April 2007, the claimant reported numbness and tingling of the fingers in the right hand and a

pulling sensation in the right side of the neck. X-rays showed the interbody fusion was healing and there was no sign of instability. The claimant was diagnosed with status post anterior cervical fusion C5-6 and C6-7 with persistent right trapezial pain with bilateral paresthesia of both hands. An EMG followed on 05/01/07, which revealed significant carpal tunnel syndrome on the right and moderate on the left. There was no evidence to suggest any cervical nerve root involvement on the right. Follow-up physician visits in 2007 noted the claimant was status post right carpal tunnel surgery with some relief of right lower arm pain, but with continued right basal neck and trapezius pain. On a 03/04/08 physician visit, continued right-sided neck pain was reported. There was tenderness of the right trapezius and along the right side of the neck on examination. The claimant was diagnosed with possible facet syndrome C6-7 and C7- T1, and possible pseudoarthrosis C6-7. Facet injections and a CT C5-6 and C6-7 were requested. The current request is to determine the medical appropriateness of a CT scan, C5-6 and C6-7 and a facet joint steroid injection at C6-7 and C7-T1. A review of the records provided support that the claimant reported neck pain. She had a history of arthritis in her neck with radicular symptoms and herniated disc at C6-7, status post microdiscectomy at C6-7 and microdiscectomy at C4-5. Her occupation was that she worked as a CT technician. Her date of reported injury was xx/xx/xx. The mechanism was not provided. Review of the records support that she underwent cervical surgery on 04/27/06. No intraoperative or postoperative complication was noted. On 04/03/07, she noted worsening of numbness and tingling on the right with trapezial pain and spasm. Electromyogram/nerve conduction studies (EMG/NCS) showed carpal tunnel syndrome on the right significant and moderate on the left, but no evidence of nerve root or radicular irritation. She was treated with medications, Skelaxin, Flexeril, Etodolac. She was looking for new work as of 09/17/07. She had carpal tunnel surgery on the right which helped. Trigger injections and home exercise program were tried. Facet injections and a CT scan to evaluate the fusion on 03/04/08 were requested. The request for medical necessity of a CT scan at C5-6, C6-7 is recommended. However, the request for facet joint steroid injection at C6-7, C7-T1 is not recommended. The rationale is that it is reasonable to obtain a CT scan to evaluate the fusion as this patient continued to complain of pain in the neck and radicular irritation despite a negative EMG. It appeared that she has had reasonable conservative measures in the form of medications and activity modifications. It is unclear from the records reviewed that she has had formal physical therapy for stretching, strengthening, range of motion modalities or a continued home exercise program. This reviewer would deny the need for facet joint injections at C6-7, C7-T1 based on: 1. There was no reasonable rationale in the medical records to support that there was cervical facet syndrome at those levels. 2. There was no documentation of conservative measures with physical therapy. 3. Typically, the facet joints are fused during a cervical fusion surgery and not usually a source of pain. This denial of the facet injections is consistent with Official Disability Guidelines (ODG) as there is evidence of radicular pain and previous fusion and there is no documentation of a formal rehabilitation program. With regards to approving the CT scan, this reviewer would acknowledge that it is somewhat outside of ODG but they do not address that this is a status post fusion with

persistent neck pain. This is a reasonable diagnostic aid to confirm cervical fusion and to assess the cervical spine.

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

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE.**
- 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.**
Official Disability Guidelines Treatment in Worker’s Comp 2007 Updates, Neck and Upper Back Facet joint therapeutic steroid injections. Computed tomography (CT) Scanning.
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).**