

Notice of Independent Review Decision

**PEER REVIEWER FINAL REPORT**

**DATE OF REVIEW:** 9/24/2008  
**IRO CASE #:**

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

Cervical Epidural Steroid Injection  
C3-C6 Medial Branch Blocks

**QUALIFICATIONS OF THE REVIEWER:**

This reviewer graduated from University of Maryland School of Medicine and completed training in Orthopaedics at University Hospital at Case Western Reserve. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Orthopaedics since 2004.

**REVIEW OUTCOME:**

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

<input checked="" type="checkbox"/> Upheld	(Agree)
<input type="checkbox"/> Overturned	(Disagree)
<input type="checkbox"/> Partially Overturned	(Agree in part/Disagree in part)

Cervical Epidural Steroid Injection Upheld  
C3-C6 Medial Branch Blocks Upheld

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

This injured employee is a xx year old male who was diagnosed with cervical discogenic pain and cervical facet disease. On xx/xx/xx, the injured employee underwent a cervical epidural steroid injection and right sided C3 - C6 medial branch nerve block. The notes indicate that these procedures had good results. On 7/7/2008, a myelogram was obtained that demonstrated central canal stenosis at C5-C6 and C6-C7. The MRI demonstrated facet arthrosis at C2-C3 causing moderate to severe left foraminal narrowing. The provider has recommended a cervical epidural steroid injection and C3 - C6 medial branch blocks.

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

The injured employee has an injury date of xxxx and has chronic lumbar and cervical spine pain. There is no clear documentation of conservative measures and failure of treatment. No radicular complaints are documented in the notes. There was a previous ESI in C-spine in past.

On 7/7/08 radiographic studies from CT demonstrate degenerative changes with stenosis C5-6, 6-7 and endplate changes C4-6. MRI was consistent with degenerative changes, canal stenosis, disc degeneration, canal stenosis and mod-severe left foraminal narrowing. EMG revealed chronic changes, including C8 left radiculopathy.

The physician notes indicate on 7/16/2008 the patient needed ACDF. However, on his return visit on 8/20/08, the injured worker requested the injections.

Injections are denied based on ODG guidelines as there is no clear documentation of radicular symptoms, no clear documentation of conservative treatment, and no clear failure of conservative treatment. Additionally, injections are not recommended for more than 2 levels. Therefore, the previous denial is 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 UM KNOWLEDGBASE  
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  
**X** 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)