



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 4/6/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical of a cervical epidural steroid injection.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation as well as Pain Management. This provider performs this type of service in his office and has been practicing for greater than 10 years.

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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical of a cervical epidural steroid injection.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

Dr.
Health Care

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Dr. : Follow-up Visit notes – 1/13/09 & 2/23/09, Dr. note – 12/23/08; Radiology Associate MRI Report – 4/28/08; Medical Center Transcription – 12/11/08; DWC69-12/22/08; Dr. DDE report – 12/22/08. Records reviewed from Health Care: Pre-authorization denial – 1/16/09 & 3/9/09; Pre-Authorization request – 9/3/08 & 9/16/08; report – 7/18/08; Dr. report – 5/27/08, Procedure Note – 6/26/08, Operative Report – 6/26/08, Discharge

Summary – 6/26/08, History and Physical – 6/26/08, New Patient Information – 5/26/08; Medical Centers Transcription – 5/1/08 & 8/4/08.

A copy of the ODG was not provided for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was injured when lifting. Cervical MRI revealed left C4-5 HNP and C3 on C4 anterolisthesis. ESI was offered. Dr. documents 50% relief lasting >2 weeks on 2/23/09. Clinical examination reveals diminished sensation over the left upper extremity and radicular pain with Spurlings maneuver.

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

The reviewer states that concordance of her symptoms with her work up is suggested by the documentation. A positive response of relief of pain to an initial cervical ESI on 6/26/08 is suggestive and possibly diagnostic of radiculopathy. Whether or not the current pain symptom complex recently documented by Dr. on 2/23/09 is due to radiculopathy could be an issue. The patient would be in the diagnostic phase of management. There are several diagnostic tools one may use to verify radiculopathy. An ESI is one of the tools.

The utilization of cervical ESI as a diagnostic tool is supported by the ODG: Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). See specific criteria for use below...*Note: The purpose of ESI is to reduce pain and inflammation, 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 2 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.

The reviewer and ODG recommend no more than 2 ESI injections. Therefore, the prospective ESI is medically necessary.

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 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
- 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)