

Notice of Independent Review Decision

DATE OF REVIEW:

04/03/2009/Amended 04/06/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Repeat left C6-7 transforaminal epidural steroid injection (TFE).

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

Doctor of Osteopathy, Board Certified Anesthesiologist, Specializing in Pain Management.

REVIEW OUTCOME

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

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.

Repeat left C6-7 transforaminal epidural steroid injection (ESI) is medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- TDI/DIVISION OF WORKERS' COMPENSATION Referral form
- 03/27/09 MCMC Referral
- 03/26/09 Notice To Utilization Review Agent of Assignment
- 03/26/09 Notice To MCMC, LLC Of Case Assignment
- 03/26/09 letter
- 03/26/09 Confirmation Of Receipt Of A Request For A Review, DWC
- 03/20/09 Request For A Review By An Independent Review Organization
- 03/17/09 Reconsideration/Appeal of Adverse Determination letter,
- 03/16/09 Work Status Report, DWC
- 03/11/09 (Date of Exam) Report of Medical Evaluation, DWC
- 03/11/09 report from D.O.
- 03/09/09 letter from Pain & Wellness
- 03/03/09 Utilization Review Determination letter
- 02/23/09 letter from Pain & Wellness
- 02/19/09 Progress Note, M.D., Orthopedic Surgical Specialists
- 01/09/09 chart note, D.C.
- 01/09/09 Physical Modalities Treatment Plan
- 01/09/09 Master Diagnosis Sheet

- 01/06/09 Upper NCV & EMG Report, D.O.
- 01/06/09 Upper Nerve Conduction Studies Worksheet, D.O.
- 01/06/09 Upper Extremity Electromyography Worksheet, D.O.
- 01/06/09 Summary of EMG/NCV Studies of Upper Extremities, D.O.
- 12/19/08 to 01/04/09, 11/14/08 to 12/03/08 chart graph (Headache, Neck Pain at top)
- 12/12/08 Work Status Report, DWC
- 09/26/08 questionnaire completed by claimant
- 09/26/08 chart note, D.C.
- 09/26/08 Master Diagnosis Sheet
- 09/26/08 Physical Modalities Treatment Plan
- 08/22/08 MRI cervical spine, Cat Scan & MRI Center
- 08/11/08 report from DC (first page not available)
- 08/11/08 questionnaire completed by claimant
- 08/11/08 chart note, D.C.
- 08/11/08 Master Diagnosis Sheet
- 08/11/08 Physical Modalities Treatment Plan
- 08/11/08 report from D.C.
- Note: Carrier did not supply ODG Guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a male with right arm radiculopathy and herniation of nucleus pulposus (HNP) on MRI. The injured individual had one cervical transforaminal epidural steroid injection (TFE) with 40% relief and another is suggested.

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

The injured individual is a male with date of injury xx/xx/xx. The injured individual had one C6/7 TFE on 02/12 with 40 % relief noted a week later. MRI showed left C6/7 HNP. Electromyogram (EMG) was negative. The Independent Medical Exam (IME) of 03/11 noted neck pain to the right arm, positive Spurling, reduced right biceps reflex and recommended an ESI if conservative treatment had failed. The injured individual has had 2.5 years of conservative care and had very good relief from the first ESI. Therefore, based on the physical exam (PE), MRI, and history, another TFE is reasonable.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guideline: Criteria for the use of Epidural steroid injections, therapeutic:

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 two 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. We recommend no more than 2 ESI injections.
- (10) It is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment.
- (11) Cervical and lumbar epidural steroid injection should not be performed on the same day.

Criteria for the use of Epidural steroid injections, diagnostic:

To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below:

- (1) To help to evaluate a pain generator when physical signs and symptoms differ from that found on imaging studies;
- (2) To help to determine pain generators when there is evidence of multi-level nerve root compression;
- (3) To help to determine pain generators when clinical findings are suggestive of radiculopathy (e.g. dermatomal distribution) but imaging studies are inconclusive;
- (4) To help to identify the origin of pain in patients who have had previous spinal surgery.