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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/24/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

ESI C6-7, #2

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

MD, Board Certified Neurosurgeon

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 1/23/09, 2/24/09

ODG Guidelines and Treatment Guidelines

Medical Center, Emergency Physician Record, xx/xx/xx

Radiology Report, 5/17/07

Clinic, 6/11/07, 6/26/07, 6/29/07, 7/3/07, 7/18/07, 8/17/07, 10/5/07, 10/23/07, 10/26/07, 10/9/07, 12/17/07, 1/10/08, 2/1/08, 7/14/08, 8/7/08, 9/27/08, 1/26/09, 2/12/09

X-ray Report, 6/27/07

MRI Cervical Spine, 6/27/07

DO, 1/30/08

Comprehensive, 3/9/09

Previous IRO Reviewer Report, 2/26/08

PATIENT CLINICAL HISTORY SUMMARY

This is a male with a date of injury xx/xx/xx when a pipe fell on his head while he was loading sheep. He complains of neck pain radiating into the right shoulder. He has had PT, NSAIDs and multiple pain medications. Neurological examination involves weakness of right shoulder flexion and abduction as well as weakness of flexion and extension at the right elbow and weakness of right hand grip. He has decreased sensation in the C6 distribution on the right.

Reflexes for C5, C6, and C7 are decreased on the right. An EMG of the right upper extremity 01/30/2008 revealed mild chronic right C5-C6 nerve fiber injury at the root or plexus level, with no active denervation changes. An MRI of the cervical spine 06/27/2007 shows mild disc bulges at C3-C4, C4-C5, C5-C6 with mild-to-moderate effacement on the ventral subarachnoid space. No significant foraminal narrowing or stenosis is noted. He underwent a C6-C7 ESI 09/27/2008 with 90-95% pain relief for nearly 3 months. A second C6-C7 ESI has been requested by the provider. He notes in a letter that his practice will not perform ESI's higher than C6-C7 due to the risk of the injection.

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

The claimant does have objective evidence of a radiculopathy on physical examination, as well as on EMG. His response to the first ESI gave him significant, documented relief (90-95% pain relief for nearly three months). Although no specific nerve root compression is noted on an MRI performed nearly two years ago, disc bulging with impression on the thecal sac is seen at the levels of concern. Given these findings coupled with objective evidence of radiculopathy and overwhelming response to prior ESI, the second ESI is medically necessary. The request meets the criteria in the ODG. The reviewer finds that medical necessity exists for ESI C6-7, #2.

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. Objective findings on examination need to be present. For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383. (Andersson, 2000)
- (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)
- (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance
- (4) Diagnostic Phase: At the time of initial use of an ESI (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be 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) Therapeutic phase: If after the initial block/blocks are given (see "Diagnostic Phase" above) and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be required. This is generally referred to as the "therapeutic phase." Indications for repeat blocks include acute exacerbation of pain, or new onset of symptoms. The general consensus recommendation is for no more than 4 blocks per region per year. (CMS, 2004) (Boswell, 2007)
- (8) Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response
- (9) Current research does not support a routine use of a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections for the initial phase and rarely more than 2 for therapeutic treatment
- (10) It is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks or sacroiliac blocks or lumbar 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. (Doing both injections on the same day could result in an excessive dose of steroids, which

can be dangerous, and not worth the risk for a treatment that has no long-term benefit.)

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

ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)