

SENT VIA EMAIL OR FAX ON  
Nov/21/2009

# Applied Resolutions LLC

An Independent Review Organization  
1124 N Fielder Rd, #179  
Arlington, TX 76012  
Phone: (512) 772-1863  
Fax: (512) 853-4329  
Email: manager@applied-resolutions.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Nov/18/2009

**IRO CASE #:**

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

Cervical ESI under Fluoroscopic Control with Epidurogram C3/4

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

Board Certified in Physical Medicine and Rehabilitation  
Subspecialty Board Certified in Pain Management  
Subspecialty Board Certified in Electrodiagnostic Medicine  
Residency Training PMR and ORTHOPAEDIC SURGERY

**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**

OD Guidelines  
9/9/09 thru 10/28/09  
Dr. 6/30/09 thru 7/31/09  
Dr. 4/13/09  
Dr. 4/28/09  
MRI 5/12/09  
Dr. 6/3/09 thru 10/21/09  
6/15/09  
Cervical Spine 4/13/09

**PATIENT CLINICAL HISTORY SUMMARY**

This is a woman reportedly injured on xx/xx/xx when she slipped lifting a fallen bucket of ice cream. She had ongoing neck pain with pain going into the right upper extremity and a numb

hand. She had an MRI (5/12/09) that showed a disc protrusion at C3/4 but no nerve root compromise. She had EMG showed an EMG that was reported as showing abnormalities based upon insertional activity increase and spontaneous activity in the right triceps, pronator teres, brachioradialis and first dorsal interosseous and the right mid paraspinal muscles. It also showed bilateral CTS.

Dr. described 50-60% improvement for 4 weeks after a cervical ESI on 6/30/09. Dr. reported (9/16/09) transient improvement after 2 cervical ESIs and waited for a third.

The multiple physicians reported cervical pain and limited motion. They described pain into the right upper extremity. Dr. noted the reduced sensation over the medial and lateral right forearm. He described tingling in the right hand. Otherwise, he found no neurological loss. Dr. noted a weak grasp, but otherwise a normal neurological exam. Dr. (4/28/09) reported 4+ strength on the right side, but negative, presumably normal strength, on the left. He found normal reflexes and sensation. Dr. described normal strength, sensation and reflexes (6/3/09), and normal strength, reflexes and reduced sensation at the shoulder and thumb on 9/16/09.

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

The request is for either a second or third ESI injection. Dr. noted two prior ones, but Dr. did not. A "series of 3" would not be approved. The Reviewer presumes that the request is for a second ESI. The ODG requires documented radiculopathy based upon "dermatomal distribution" of the pain. The descriptions were for several areas. The radiological findings (MRI) did not show any nerve root compromise. The EMG showed the spontaneous activity abnormalities in the paraspinal muscles and the extremities, which is a "hard sign" for a radiculopathy. A problem is that there are different physical findings by different doctors, and sometimes-different ones by the same doctor as noted above. These inconsistent findings on physical examination and in the description of her symptoms are a problem. The EMG shows multiple level involvement, yet this is not consistent with the lack of nerve compromise on the MRI. The targeted level per Dr. is for C3/4 injection, which would reach the C4 nerve root, which is not represented by any muscle function in the upper extremity and was not seen on the extremity EMG. Dr. wrote on 7/31 of his plans for a C5/6 injection. Dr. noted in his argument that the corticosteroid will travel a few below levels to "coat" (my choice of words) the cord at a C3/4 injection level. The Reviewer could not determine from Dr. 's procedure note of 6/30/09 what level was injected.

After reviewing the records, the Reviewer's medical assessment is that a cervical ESI would be justified

#### **Epidural steroid injection (ESI)**

**Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy).**

**(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.**

**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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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