

MEDR X

791 Highway 77 North, Suite 501C-316 Waxahachie, TX 75165
Ph 972-825-7231 Fax 214-230-5816

Notice of Independent Review Decision

DATE OF REVIEW: 10/14/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a cervical epidural steroid injection under fluoroscopic imaging.

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. The physician has been practicing for greater than 10 years and performs this type of service in a clinical setting.

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 service under review is a cervical epidural steroid injection under fluoroscopic imaging which is denied as not being medically necessary secondary to the reasons in the rationale for decision.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:, MD and Utilization Review Unit

These records consist of the following (duplicate records are only listed from one source):

Records reviewed from, MD: MD MRI report – 3/17/08; MD Follow-up Exam Notes – 9/11/08-8/27/09, Initial Consult report – 7/28/08, Operative Reports – 8/28/08, 10/9/08, & 5/20/09; DO Encounter Notes – 7/8/08; Diagnostics Test Results – 7/28/08.

Records reviewed from Utilization Review Unit: Pain Inst. Pre-authorization request – undated, Operative Notes – 10/9/08 & 5/20/09; MD letter – 9/8/09; denial letter – 9/3/09 & 9/16/09; Physician Advisor Review – 9/3/09 & 9/16/09; Various TWCC73s; Clinic Encounter Notes – 2/16/08-4/8/08; Rehab PT Initial Evaluation – 3/10/08, Daily Notes – 3/13/08; MD letter – 3/26/08

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

This gentleman was involved in an MVA in xx/xx/xx. The truck he was driving was struck by an oncoming vehicle resulting in his loss of truck control causing him to strike a utility pole. Medical care that same day was provided at Med Clinic where he was provided with medications. Pain in the neck and lower back developed several days later which increased in intensity despite physical therapy. A cervical MRI of 3/17/08 revealed multi-level DDD, most prominent at C5/6 and C6/7. Due to continuing pain, he was referred to, MD for further pain management on 7/28/08. Injection pain management techniques were recommended.

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

The reviewer notes that the ODG criteria for ESI's are as follows:

- (1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. (Not Met)
- (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.

The reviewer indicates that since all the criteria are not met for this procedure it should not be approved. This denial is based upon the radiculopathy not being documented in the medical records provided.

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)