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**Notice of Independent Review Decision**

**DATE OF REVIEW:** 4/5/2010

**IRO CASE #:**

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

The services under review include the medical necessity of a cervical ESI (62311).

**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. This reviewer has been practicing for greater than 15 year and performs this type of service in practice.

**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 medical necessity of a cervical ESI (62311).

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:  
MD.

These records consist of the following (duplicate records are only listed from one source):  
1/29/10 denial letter, 2/18/10 denial letter, 2/11/10 letter by Dr. , 1/21/10 preauth request,  
12/10/09 and 1/21/10 office notes by Dr..

Dr.: 3/5/07 evaluation and xray report by Dr. , 3/5/07 to 6/21/07 ROM reports, office notes by Dr. from 3/26/07 to 2/11/08, various DWC 73 forms, 5/2/07 operative report, 5/18/07 cervical myelogram/post CT and xray reports, encounter summaries/progress notes by Dr. from 3/10/08 to 3/12/10, medications list, phone call summaries and allergy summary.

We did not receive the ODG Guidelines from Carrier/URA.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female who was injured on xx/xx/xx during the course of her normal duty as a xxxx when she fell backward onto her lower back, striking her right arm and her head. She underwent translaminar cervical epidural steroid injection reporting a 60 percent improvement in her radicular symptoms according to Dr. records from May 2007 and June 2007.

She had surgery for three-level cervical fusion in June 2007. She continued to see Dr. afterward for pain management. In the submitted clinical notes from 2007 and 2008, the medical decision making section of the notes addressed medically necessary medications, physical medicine, diagnostics, referrals, procedures, and work status. No further procedures were recommended until a request was submitted for cervical epidural steroid injection in January 2010.

On 1/21/2010 the patient indicated to Dr. that she had pain and stiffness in the neck and lower back. She complained of weakness in the arms and hands, with swelling and numbness in the hands. Stabbing pain radiated to both upper extremities. Pain interfered with normal activities. The patient was taking the medications prescribed for pain relief. She had completed a structured PT program and was completing a home exercise program as directed. At the request of her endocrinologist she had discontinued taking Cymbalta and Lyrica which had been used for pain management. Ms. stated that the pain was worse without the Lyrica and Cymbalta.

In the medical decision making section of the record, Dr. stated that the patient had been cleared by her cardiologist for a chronic pain management program but, "this has temporarily been put on hold due to her recent diagnosis of breast cancer." Dr. planned to begin weaning the narcotics and advised the patient to use her TENS unit as needed. Prescriptions were written for amitriptyline, Phenergan (for nausea), and Zanaflex 4 milligram capsules.

Dr. requested authorization for cervical ESI (translaminar) with diagnosis code 338.29: other chronic pain and diagnosis code 723.4: brachial neuritis or radiculitis NOS.

The requested services were noncertified 1/29/2010.

On 2/11/2010 Dr. submitted a written response to the adverse determination, noting that the proposed ESI is translaminar, at one level. He further noted that he had performed a cervical ESI on the patient on 5/2/2007, after which she reported on 5/07/2007 that "she was at 60 percent improvement with her radicular symptoms."

Reconsideration was requested and the procedures were again noncertified on 2/18/2010, with the reviewer stating the following:

Notes say that the patient had ESI's in the past, but did not note when they were done or indicate exactly to what extent they may have helped the patient's pain....

The records available for review do not provide data to indicate that past treatment in the form of cervical epidural steroid injections have consistently decreased pain symptoms and improved functional abilities.

According to Dr. records, x-rays of the cervical spine 10/27/2007 were reported to show good hardware placement. Stat cervical myelogram under IV sedation 5/18/2007 followed by cervical spine CT scan was reported by Dr. to show disc pathology involving the C3-C4 through C7-T1 levels, a large paracentral disc herniation with osteophyte ridge pressing the cervical cord paracentrally at the C6-C7 level, and disc protrusion indenting upon the cervical cord and C4-C5 and at C5-C6. Cervical spine x-rays on 5/18/2007 were reported by Dr to be within normal limits, with preserved disc spaces and normal sagittal diameter of the cervical canal and was intact pedicles. X-rays of the cervical spine October 24, 2007 were reported to show good hardware placement.

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

According to the ODG guidelines pertaining to occupational disorders of the neck and back, Criteria for the Use of Epidural Steroid Injections, Therapeutic (for radiculopathy):

(2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).

According to Dr. clinical note 1/21/2010, the patient was taking the medications prescribed for pain relief. She had completed a structured PT program and was completing a home exercise program as directed.

(6) No more than one interlaminar level should be injected at one session.

According to the letter submitted by Dr. on 2/11/2010 the proposed ESI is translaminar, at one level. Note that this letter was submitted by Dr. after the noncertification of 1/29/2010.

(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.

The patient underwent translaminar cervical epidural steroid injection on May 2, 2007, reporting a 60 percent improvement in her radicular symptoms as documented in Dr clinical notes, from May 2007 and June 2007. No repeat blocks were necessary in 2007. No subsequent requests were made for epidural steroid injections until January 2010.

**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)