

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 12/13/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Cervical Epidural Steroid Injection Under Anesthesia with Fluoro Guidance

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

Texas Board Certified Physical Medicine & Rehabilitation
Texas Board Certified Pain Management

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. 02/08/10 - Electrodiagnostic Studies
2. 02/09/10 - MRI Cervical Spine
3. 04/26/10 - MRI Lumbar Spine
4. 06/02/10 - Clinical Note - MD
5. 06/30/10 - Clinical Note - MD
6. 07/15/10 - Letter - MD
7. 08/04/10 - Clinical Note - MD
8. 08/17/10 - Peer Review
9. 09/15/10 - Clinical Note - MD
10. 10/01/10 - Procedure Note
11. 10/13/10 - Clinical Note - MD
12. 10/22/10 - Utilization Review
13. 11/02/10 - Letter - MD

14. 11/03/10 - Pre-Certification Request
15. 11/10/10 - Clinical Note - MD
16. 11/11/10 - Utilization Review
17. 11/20/10 - Letter -
18. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained an injury on xx/xx/xx when a manhole lid blew off a tanker with pressure greater than 1300 pounds and threw the employee against a rail.

Electrodiagnostic studies were performed on xx/xx/xx. All NCV findings were within normal limits. Electromyography revealed normal insertional activity and motor unit potentials in all of the muscles except for the right bicep and right deltoid with presence of positive sharp waves, fibrillation potentials, and increased insertional activity.

An MRI of the cervical spine performed 02/09/10 demonstrated a central disc herniation measuring 3 mm at C6-C7. There was an element of central stenosis present. There was loss of the normal lordosis noted, which might be related to employee positioning versus spasm.

An MRI of the lumbar spine performed 04/26/10 demonstrated a broad-based disc herniation at L5-S1 hypertrophic facet arthropathy and facet joint effusion. There was a circumferential disc bulge at L4-L5. The neural foramina were patent throughout.

The employee saw Dr. on 06/02/10. Physical examination revealed diffuse paraspinal muscular tenderness with hypertonicity. There was restricted range of motion of the cervical and lumbar spine. Straight leg raise was negative. The employee was assessed with cervicgia, thoracic pain, and low back pain. The employee was prescribed Vicodin ES, Motrin 800 mg, and Robaxin 500 mg.

The employee was seen for follow up on 06/30/10. The employee complained of pain that radiated down into the mid back with numbness in the upper extremities and low back pain that radiates down both legs posteriorly in an L5-S1 dermatomal pattern with numbness in the lower legs. Physical examination revealed minimally restricted cervical range of motion in all planes with paraspinal musculature discomfort and hypertonicity. Lumbar range of motion was restricted in all planes with discomfort. There was diffuse paraspinal muscular tenderness. Straight leg raise produced leg discomfort with dorsiflexion bilaterally. Neurological examination was within normal limits. The employee was assessed with cervicgia, thoracic pain, and low back pain. The employee was recommended for lumbar epidural steroid injection.

The employee was seen on 08/04/10 with complaints of pain from the neck down the spine. Physical examination revealed minimally restricted cervical range of motion in all planes with paraspinal musculature discomfort and hypertonicity without spinous process or nuchal ridge tenderness. Lumbar range of motion was restricted with

discomfort and diffuse paraspinal muscular tenderness with hypertonicity. Straight leg raise produced leg discomfort with dorsiflexion. Neurological examination was within normal limits. The employee was assessed with cervicalgia, thoracic pain, and low back pain. The employee was recommended for a lumbar epidural steroid injection.

The employee was seen for a peer review by Dr. on 08/17/10. The employee complained of neck and back pain. Physical examination revealed tenderness to palpation across the cervical paraspinals and facet joints with limited range of motion. Neck flexion was to 45 degrees and extension was to 30 degrees with pain on facet loading. Spurling's sign was negative. Lumbar range of motion revealed flexion to 45 degrees and extension to 10 degrees. There was pain with truncal rotation. There was no pain over the sciatic notch. Straight leg raise was negative. The employee was assessed with cervicolumbar strain and radicular referred pain but no definite evidence of clinical radiculopathy. The employee was recommended for a cervical and lumbar epidural steroid injection.

The employee was seen for follow-up on 09/15/10. Physical examination revealed minimally restricted cervical range of motion in all planes with paraspinal musculature discomfort and hypertonicity without spinous process or nuchal ridge tenderness. Lumbar range of motion was restricted with discomfort and diffuse paraspinal muscular tenderness with hypertonicity. Straight leg raise produced leg discomfort with dorsiflexion. Neurological examination was within normal limits. The employee was assessed with cervicalgia, thoracic pain, and low back pain. The employee was recommended for a lumbar epidural steroid injection.

The employee underwent L4-L5 lumbar epidural steroid injection on 10/01/10.

The employee saw Dr. on 10/13/10. The employee reported no significant pain reduction following the lumbar injection. Physical examination revealed slight restriction with cervical range of motion. There was tenderness with paraspinal musculature palpation with associated hypertonicity. Neurological examination was within normal limits. The employee was prescribed Motrin 800 mg and Vicodin ES. The employee was recommended for a cervical epidural steroid injection.

The request for cervical epidural steroid injection was denied by utilization review on 10/22/10 due to lack of unequivocal evidence of radiculopathy on exam.

A letter by Dr. dated 11/02/10 stated the employee had evidence of radiculopathy along the arm. The employee had failed conservative therapy, to include physical therapy and nonsteroidal anti-inflammatories.

The employee saw Dr. on 11/10/10 with complaints of pain from the neck down along the spine. Physical examination revealed slight restriction with cervical range of motion as well as tenderness with palpation of the paraspinal musculature. Neurological examination was within normal limits. The employee was assessed with

lumbar intervertebral disc and cervical intervertebral disc. The employee was prescribed Motrin 600 mg and Vicodin ES. The employee was recommended for cervical epidural steroid injection.

The request for a cervical epidural steroid injection was denied by utilization review on 11/11/10 due to no physical examination findings to support radiculopathy. There was no evidence of foraminal compromise on MRI and electrodiagnostic studies were negative for radiculopathy.

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

The requested cervical epidural steroid injections is not indicated as medically necessary based on the clinical provided for review. There was an absence of objective evidence to support a diagnosis of cervical radiculopathy that would benefit from epidural steroid injections. The employee has normal EMG/NCV studies and has no focal neurologic deficits in the upper extremities consistent with radiculopathy. The employee has normal strength, reflexes, and sensation in the upper extremities on the most recent examinations. Current evidence-based guidelines recommend that patients have unequivocal evidence regarding lumbar radiculopathy in order to consider epidural steroid injections. Given that the employee has very minimal objective evidence to support cervical radiculopathy, medical necessity is not supported.

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

Official Disability Guidelines, Online Version, Neck and Upper Back Chapter.