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Notice of Independent Review Decision

DATE OF REVIEW: 06/03/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a transforaminal cervical epidural steroid injection bilateral at C6 & C7 and epidurography, fluoroscopy, IV sedation.

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 agrees with the previous adverse determination regarding the prospective medical necessity of a transforaminal cervical epidural steroid injection bilateral at C6 & C7 and epidurography, fluoroscopy, IV sedation.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Urgent Care

These records consist of the following (duplicate records are only listed from one source):
Records reviewed from: Denial letters – 3/19/10 & 4/9/10; Interventional Pain Management
Pre-auth request – 3/15/10 & 4/1/10, Consultation – 2/11/10; Open MRI report – 6/2/09.
Records review from Urgent Care: Job Description; TWCC69 – 3/1/10; MD DDE &
MMI/Impairment reports – 3/1/10; O. Lightner notes – 9/10/09-6/6/09; DWC73 – 3/1/10;
Doctors Hospital X-ray report – 4/13/09; PT Physical Therapy eval – 4/22/09-11/9/09; C.T.
MD Electrodiagnostic Studies – 11/5/09

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

PATIENT CLINICAL HISTORY [SUMMARY]:

According to available medical records, this injured individual is xxx who reported the onset of pain in the cervical area when he drove over bumpy areas of a road on xx/xx/xx. He was subsequently evaluated and started into a physical therapy program which he apparently attended in April and May, 2009. According to this record, he obtained little relief of symptoms from the therapy.

On August 1, 2009, a MRI of the cervical spine was performed. This showed a Chiari malformation with no evidence of syrinx, diffuse disk bulge at C5-6 with bilateral foraminal narrowing and a 5 millimeter disk bulge at C6-7 flattening the thecal sac with mild narrowing of the left neural foramen.

The patient was seen on multiple occasions by Dr. and treated with medications and physical therapy. He was evaluated by a Designated Doctor, M.D. on November 13, 2009. Dr. did not feel that the patient was at maximum medical improvement at that time.

On February 11, 2010, M.D., apparently a pain management consultant, evaluated him and felt that he had evidence of a cervical radiculopathy. Dr. documented tender facets from C4 to C7 and paravertebral muscle spasm bilaterally. He did state that Spurling's sign and distraction were negative. He said that range of motion was normal. He described "paresthesias" in the C5-C6 dermatome, but normal motor mass, strength, and deep tendon reflexes. Dr. recommended epidural steroid injections and apparently, these were requested but denied on two occasions.

M.D., a Designated Doctor, reportedly re-evaluated the patient on March 1, 2010. Dr. documented tenderness over the cervical spine and paravertebral muscles from C3 to C7, restricted range of motion in all planes, but normal deep tendon reflexes, sensation, and strength. No atrophy or fasciculations were described. Dr. opinion was that he had experienced a cervical strain or sprain and was demonstrating multilevel cervical spine disease symptoms secondary to degenerative disk disease. He did not feel that the patient was at maximum medical improvement and recommended the prescribed cervical epidural steroid injections.

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

According to available medical records, the patient developed pain in the cervical area following a rough ride over a bumpy road on xx/xx/xx. Cervical spine films were said to be normal. He entered a physical therapy program which provided minimal relief. MRI studies showed a Chiari malformation with no syrinx and multilevel disk bulges with foraminal narrowing at C5-6 bilaterally and at C6-7 on the left.

Apparently, a second course of physical therapy was recommended in November of 2009, but denied by the carrier. EMG and nerve conduction studies of the cervical spine and upper extremities performed on November 5, 2009 showed no evidence of radiculopathy.

A consultation from M.D., a pain management specialist in February resulted in a recommendation for cervical epidural steroid injections. Dr. clinical impression was that there was evidence of radiculopathy although there are no physical findings to suggest this diagnosis. The ODG Guidelines state that in order to meet criteria for use of epidural steroid injections, a radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be evidence of an initial unresponsiveness to conservative treatment.

This record shows no evidence of radiculopathy as defined in the AMA Guidelines. Spurling's sign is negative. Deep tendon reflexes, sensation, and strength were repeatedly described as being normal. There was no evidence of atrophy or fasciculation noted in any of the evaluations I viewed. Although the patient complains of neck, back, upper extremity, and right thigh pain, there is no physical examination evidence of a radiculopathy. Additionally, electrodiagnostic studies were normal and did not confirm the presence of a radiculopathy. Although the MRI showed multilevel bulging disks and neural foraminal stenosis at C6-7 on the left, and C5-6 bilaterally, this does not result in physical examination findings which would suggest the presence of a radiculopathy. Therefore, ODG Guideline criteria for epidural steroid injections are not met.

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)