



MedHealth Review, Inc.
661 E. Main Street
Suite 200-305
Midlothian, TX 76065
Ph 972-921-9094
Fax 972-775-6056

Notice of Independent Review Decision

DATE OF REVIEW: 11/18/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of an injection anesthetic agent (64480) and anesthesia for nerve block injections (01991 & 01992).

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 10 years.

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 prospective medical necessity of an injection anesthetic agent (64480) and anesthesia for nerve block injections (01991 & 01992).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

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

These records consist of the following (duplicate records are only listed from one source): Records reviewed from MD: Office Note – 9/15/10.

Records reviewed from Group: Denial Letters – 9/23/10-10/12/10; MD Pre-Auth review report – 9/23/10; DO Appeal Review Report – 10/12/10; MD Pre-auth

request – 9/20/10, letter – 9/15/10; MD MRI report – 6/16/10; Medical Mgt Group Pre-auth request – 9/29/10; and MD Initial Office Visit Note – 7/1/10.

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

PATIENT CLINICAL HISTORY [SUMMARY]:

According to available medical records, this patient was injured on xx/xx/xx when he struck the vertex of his head while entering a box truck. He developed pain in the neck, right trapezius region, and right proximal shoulder girdle. An MRI of the cervical spine was performed on June 16, 2010 demonstrating a broad-based disko-osteophytic protrusion at the C3-4 disk level and a left central and foraminal disko-osteophytic protrusion at the C5-6 level.

On July 1, 2010, M.D. evaluated the patient and noted the mechanism of his injury and his complaints. He noted that anti-inflammatory drugs and muscle relaxers had not improved the symptoms. Dr. stated that he had concurrent medical problems including diabetes, hypertension, and reflux. Dr. recommended physical therapy and Lyrica.

On September 15, 2010, he was evaluated by M.D. at the Spine Care Consultants office. Bilateral neck pain and right upper extremity pain were noted. Dr. described a decreased brachioradialis reflex and decreased sensation in the right C4 and C6 distribution. No weakness was described. Dr. diagnosed a cervical radiculopathy with disk displacement at C4 and C6 on the right and mechanical cervicalgia, rule out facet versus disk. Dr. recommended a right C6 selective nerve root block and transforaminal epidural steroid injection.

On September 20, a Precertification Request was submitted for a right C6 transforaminal epidural steroid injection with fluoroscopy. The case was reviewed by M.D. Approval for a single-level block was recommended as medically necessary, but Dr. pointed out that if an anesthesiologist was to be used, a separate request should be made for that service.

On September 29, 2010, a second Precertification Request was submitted for a right C6 transforaminal epidural steroid injection with anesthesia by CRNA on call. This Precertification Request was reviewed by D.O. who found no medical necessity for the use of an anesthesiologist due to the fact there was no description of medical necessity for use of an anesthesiologist. Dr. noted that the procedure is usually done under light anesthesia and also noted that there was no mention of uncontrolled medical problems that would require the intervention of an anesthesiologist.

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

The patient was treated conservatively without relief of symptoms. MRI findings showed multilevel disko-osteophytic protrusions. On September 15, M.D. diagnosed a cervical radiculopathy with disk displacement at C4 and C6 on the right. He described physical findings including a decreased brachioradialis reflex and dermatomal sensory loss to back up his clinical impression of a cervical radiculopathy.

According to the ODG Guidelines, this patient meets the medical necessity requirements for epidural steroid injections. A radiculopathy was documented by physical examination and was not responsive to conservative treatment. The injection for diagnostic purposes would help to determine the level of radicular pain, help to determine the pain generators in the presence of evidence of multilevel nerve root compression, and the injections would help determine pain generators where clinical findings are suggestive of radiculopathy, but imaging studies are inconclusive.

ODG Guidelines do not address the issue of anesthesia for nerve root anesthetic and EDSI procedures. There are a number of serious complications which can occur during these procedures including spinal cord/brain hemorrhages, allergic reactions with facial/laryngeal edema, bronchospasm, vasovagal responses, injury to the recurrent laryngeal nerve, and respiratory depression. Physician training for performance of these spinal procedures includes instruction in appropriate conscious sedation and warnings to the physician to be prepared with ACLS certification, crash cart, and the availability of intubation equipment, oxygen, and medications to manage known complications. Dr. qualifications to perform these injection procedures are not identified in this medical record, but apparently, since Dr. is requesting anesthesia back-up, he does not feel comfortable performing these procedures without formal anesthesia back-up.

The PASSOR Educational Guidelines for the performance of cervical transforaminal injections (2006) states: "Physiologic monitoring and intravenous access is strongly recommended. Skin is prepared in an aseptic manner. Sedation is optional. Because of the life-threatening potential hazards associated with this procedure, it must be performed in a room equipped with oxygen, suction, and resuscitative equipment to manage airway patency, blood pressure, and cardiac rhythm. Stretcher access and the ability to obtain immediate assistance from personnel skilled in emergency resuscitation are required. It appears from review of this record that Dr. is uncomfortable performing this procedure without formal anesthesia backup. Therefore, for patient safety, it would appear reasonable to have anesthesia back-up readily available to provide immediate assistance and emergency resuscitation if required.

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) Cervical Transforaminal Epidural Steroid Injections: More Dangerous Than We Think? G. C. Scanlan, Spine, 2007_32(11), page 1249-56

Facet Joint and Nerve Root Blocks – Treatments and Medications, Andrew L. Wagner, M.D. Web, M.D. updated 5/6/09
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION) PASSOR (Physiatric Association of Spine, Sports, and Occupational Rehabilitation) Educational Guidelines for the Performance of Spinal Injection Procedures (2006)