

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 10/11/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Appeal Cervical ESI C6-7

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. 12/11/09 - MRI Cervical Spine
2. 12/15/09 - Letter - M.D.
3. 12/17/09 - Electrodiagnostic Studies
4. 08/03/10 - Clinical Note - M.D.
5. 08/25/10 - Operative Report
6. 09/09/10 - Utilization Review Determination
7. 09/21/10 - Utilization Review Determination
8. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The claimant is a male who sustained an injury when he fell twelve feet onto his head.

An MRI of the cervical spine performed xx/xx/xx demonstrated moderate degenerative spondylosis of the lower cervical spine with a moderate-sized right paracentral disc protrusion at C5-C6 that resulted in moderate right-sided foraminal stenosis. A central disc protrusion at C6-C7 resulted in moderate canal stenosis and mild cord flattening.

A letter by Dr. on 12/15/09 stated the claimant suffered from early cervical myelopathy and cervical radiculopathy. The claimant was recommended for anterior discectomy and fusion with an anterior fixation plate at both C5-C6 and C6-C7.

Electrodiagnostic studies performed 12/17/09 revealed evidence of a mild peripheral neuropathy of the bilateral upper extremities, likely related to diabetes. There were minimal signs of sensory changes of the right median nerve compared to the right radial nerve, and minimal changes seen of the left median nerve compared to the ulnar nerve. There was no electrodiagnostic evidence of another focal nerve entrapment or cervical radiculopathy.

A chart note by Dr. dated 08/03/10 stated the claimant had not been to physical therapy or tried a TENS unit. Positive physical findings included decreased sensation to light touch, decreased strength, spasm, and decreased range of motion of the neck. Dr. was requesting reconsideration of the denial of the epidural steroid injections.

The claimant underwent cervical epidural injection at C6-C7 on 08/25/10.

The request for cervical ESI C6-7 was denied by utilization review on 09/09/10 due to lack of evidence of cervical radiculopathy, lack of well documented evidence of neurocompression on imaging, and limited duration of observation for the second injection. The claimant underwent the first epidural steroid injection on 07/21/10 and the second on 08/25/10. The request for cervical ESI C6-7 was denied by utilization review on 09/21/10 due to lack of therapeutic response of clinical significance following the first injection and the limited duration of observation for the second injection.

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

The requested cervical epidural steroid injection at C6-7 is not recommended as medically necessary. The claimant has undergone two epidural steroid injections

to date; however, there is limited clinical documentation regarding the efficacy of the injections. Current evidence-based guidelines recommend that claimant's respond to epidural steroid injections with at least 50-70% relief of pain for six to eight weeks. There is no indication from the clinical notes that the claimant had any sustained pain relief from the previous injections or had any functional improvement or a reduction of medications which would indicate that additional injections would be beneficial for the claimant. The requested epidural steroid injection at C6-7 is not indicated as medically necessary.

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

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