

SENT VIA EMAIL OR FAX ON
Jul/29/2011

Pure Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jul/29/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Cervical ESI at C7-T1 with fluoroscopic guidance

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD board certified orthopedic surgery practicing neurosurgery

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

1. Utilization review determination 06/06/11 regarding non-certification cervical epidural steroid injection at C7-T1
2. Utilization review determination regarding non-certification appeal cervical epidural steroid injection at C7-T1 with fluoroscopic guidance
3. Orders for epidural steroid injection cervical epidural steroid injection C7-T1, lumbar epidural steroid injection L5-S1
4. Patient profile
5. Office visit notes Dr. 05/24/11 and 10/29/10
6. MRI lumbar spine 03/03/10
7. MRI cervical spine 03/03/10
8. Office note Dr. 06/02/11
9. Physical therapy evaluation and progress notes

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male whose date of injury is xx/xx/xx. Records indicate he was carrying cabinets up stairs and felt a pop in his low back and neck. MRI of the lumbar spine dated 03/03/10 revealed a grade 2 anterolisthesis L5-S1; minimal retrolisthesis L4-5; annular tear of L1-2; no evidence of central canal stenosis or neural foraminal stenosis. MRI of the cervical spine dated 03/03/10 revealed C4-5 diffuse bulge abuts the cord; C6-7 diffuse bulge with small focal protrusion paracentrally on the left mildly effacing the anterior subarachnoid space; C5-6 mild diffuse bulge minimally effaces the anterior subarachnoid space; cord signal is normal. The injured employee was seen on 10/29/10 at which time he was noted to be working fully duty and not taking any medications. Cervical examination reported 5/5 strength with full sensation to light touch in the bilateral C5 through T1 distribution. Deep tendon reflexes were 2/4 in the bilateral biceps, triceps and brachial radialis. Lumbosacral exam reported 5/5 strength with full sensation to light touch in the bilateral L2 through S1 distributions. Deep tendon reflexes were 2/4 in the bilateral patellar and Achilles. Straight leg raise was negative in the lying and sitting position. The injured employee was referred for possible epidural steroid injection. The injured employee was seen for follow up evaluation on 05/24/11. He was last seen on 10/29/10 and epidural steroid injections of the cervical and lumbar spine were ordered which were denied. The injured employee returns with largely unchanged pain. He continues to work light duty since last visit. Medications were listed as Lisinopril 20mg tabs. Cervical examination reported loss of lordosis. There was left paraspinal muscle tenderness, paresthesias in the left C8 distribution, otherwise 5/5 strength with full sensation to light touch in the bilateral C5 through T1 distribution. Deep tendon reflexes were 2/4 in the bilateral upper extremities. Spurling's maneuver was positive to the left. Hoffman's sign was negative. Lumbosacral examination revealed loss of lordosis. There was right paraspinal muscle tenderness, paresthesias in the right L5 distribution, otherwise 5/5 strength with full sensation to light touch in the bilateral L2 through S1 distribution. Deep tendon reflexes were 2/4 in the bilateral lower extremities. Sitting straight leg raise was positive on the right.

A request for cervical epidural steroid injection at C7-T1 was reviewed on 06/06/11 and determined to be non-certified as medically necessary. It was noted there was no comprehensive assessment of treatment completed to date or the injured employee's response thereto to establish that the injured employee had been unresponsive to conservative treatment. It was further noted that ODG guidelines reflect that lumbar and cervical epidural steroid injections should not be performed on the same day.

A reconsideration/appeal request for cervical epidural steroid injection at C7-T1 with fluoroscopic guidance was reviewed on 07/08/11 and determined to be non-certified as medically necessary. It was noted there was now documentation per medical report dated 06/02/11 that the injured employee complains of neck and back pain. Physical examination form 05/24/11 revealed paresthesias in the left C8 distribution. Treatment was noted to include medication and physical therapy. There also was pending request for lumbar epidural steroid injection. However there was no documentation of an imaging study documenting correlating concordant nerve root pathology. It was further noted that evidence based guidelines do not recommend performing cervical and lumbar epidural steroid injections on the same day. Therefore medical necessity of the request was not substantiated. The review noted that during peer to peer conversation, Dr. acknowledged there was no concordant nerve root pathology by imaging study.

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

Based on the clinical information provided, the request for cervical epidural steroid injection at C7-T1 with fluoroscopic guidance is indicated as medically necessary. The injured employee is noted to have sustained a cervical and lumbar strain on xx/xx/xx. He complained of neck and low back pain. Imaging studies were performed on 03/03/10. Cervical MRI revealed mild disc bulge at C4-5 and C5-6 with bulge abutting the cord paracentrally on the right at C4-5, with no impingement on the cord at C5-6. At C6-7 there is a diffuse disc bulge with small asymmetric protrusion paracentrally on the left effacing the anterior subarachnoid space but not impinging on the cord. The cord signal was normal. Physical examination on 05/24/11

revealed paresthesias in the left C8 distribution, normal strength, and reflexes intact. Spurling's maneuver was positive to the left. It appears that there was progression of neurologic deficit from examination on 10/29/10 and follow up on 05/24/11. Although imaging studies were not impressive, clinically the injured employee had findings consistent with cervical radiculopathy including sensory deficit and positive Spurling. It therefore appears that cervical epidural steroid injection at C7-T1 with fluoroscopic guidance would be supported as medically necessary. However, cervical and lumbar epidural steroid injections should not be performed on the same day per ODG guidelines.

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

ACOEM-AMERICA 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)