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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Aug/26/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Epidural Steroid Injection to C7-T1

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

MD, Board Certified Anesthesiology

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

ODG Treatment Guidelines

Utilization review determination 07/13/11

Reconsideration/appeal of adverse determination 08/05/11

Progress notes 06/29/11 and 01/26/11

MRI IAC's with and without enhancement 04/27/09

X-rays cervical spine four views 12/23/10

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a female whose date of injury is xx/xx/xx. Records indicate the patient is status post C5-6 anterior fusion and status post L2-S1 fusion with hardware L3-S1 and interbody device at L2-3. Progress note dated 06/29/11 indicates she has increased pain to low back and legs. She also has neck pain, which is beginning to radiate into head and cause frequent headaches. She reportedly had recent MRI, which showed increased stenosis above her fusion, but fusion hardware appears within normal limits. Objective findings reported neck pain with axial loading; moderate spasm. Upper extremity exam revealed deep tendon reflexes are 2+; sensation intact; grip strength diminished as is wrist extension. She was recommended for TENS unit; cervical epidural steroid injection x 2; and Lortab. This review concerns Epidural Steroid Injection to C7-T1.

A peer review dated 07/13/11 concluded that epidural steroid injection at C7-T1 was not medically necessary. The reviewer noted that the injured employee has had a cervical fusion and uses a TENS unit. She has neck pain radiating into the head causing headaches. She has not had injections for four years. Neck pain is indicated to have worsened. X-rays of cervical spine dated 12/23/10 documented surgical changes consistent with fusion C5-6, adjacent mild spondylitic degenerative changes without acute osseous findings, grade I anterolisthesis C4 on C5 without evidence of instability. MRI of the brain showed findings

compatible with moderate chronic small vessel white matter changes, atrophy with no acute abnormalities identified. As of 01/22/11 the injured employee was considered for spinal cord stimulator trial and requested to undergo psychological clearance. She remained on Norco for symptoms, was requested to undergo L1 transforaminal selective epidural steroid injections. Physical examination on 06/29/11 documented neck pain with axial loading, moderate spasms, upper extremity reflexes 2+, sensation intact, grip strength diminished as the wrist is extended, low back decreased range of motion, moderate pain compressed to palpation with moderate spasms, positive straight leg raise bilaterally at 40 degrees, deep tendon reflexes 2+ and sensation intact. The injured employee walked with a cane in a very antalgic fashion.

MRI of cervical spine was noted to show increased stenosis above the fusion, but hardware appeared normal. The injured employee has intact deep tendon reflexes, sensation, and no documented muscle atrophy. The injured employee has been treated with TENS and pain medications, but there has been no recent therapy to cervical spine. There was no objectified clinical radiculopathy including sensory loss, specified motor deficits, or atrophy, with intact reflexes. There was no MRI documenting any nerve root compression.

A peer review dated 08/05/11 noted that the injured employee had MRI of brain. There was no evidence of acoustic neuroma. On 12/23/10 the injured employee had cervical x-ray. She had surgical changes consistent with fusion of C5-6 vertebra, adjacent mild spondylitic degenerative changes without acute osseous findings, grade I anterolisthesis of C4 on C5 without evidence of instability and otherwise unremarkable exam. On 01/26/11 the injured employee was noted to have cervical and lumbar pain. The plan was for spinal cord stimulation trial after psychological clearance, bilateral L1 transforaminal selective epidural steroid injection, and Norco. The injured employee was seen in follow-up on 06/29/11 and presented with postoperative laminectomy syndrome, cervical and lumbar, cervicogenic headaches, low back pain with lumbar radiculopathy. The plan was for TENS unit, cervical epidural steroid injections x 2 and Lortab. It was noted that physical examination on 06/29/11 reported no documented Spurling's test and no neurologic deficits that would correlate with dermatomal pattern. Based on this, the request was not supported by ODG and was not found to be medically necessary.

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

Based on the clinical information provided, medical necessity is not established for Epidural Steroid Injection to C7-T1. This woman sustained injury over 15 years ago on xx/xx/xx. She has undergone surgical intervention to lumbar and cervical spine with fusion at C5-6, and fusion at L2-S1. She continues with subjective complaints of neck pain and low back and leg pain. The patient reported frequent headaches. There is no clear evidence of radiculopathy on clinical examination with no documented Spurling's test, and no new neurologic deficits in dermatomal or myotomal pattern. Per ODG guidelines, criteria for epidural steroid injections require that radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing. As previously noted, there is no clear evidence of radiculopathy on physical examination. Imaging studies showed no clear neurocompressive pathology. As such, the request for epidural steroid injection to C7-T1 is not indicated as medically necessary.

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)