MEDRx

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Notice of Independent Review Decision

DATE OF REVIEW: 8/08/2011 **Amended 8/11/2011, Parties Notified 8/11/2011**

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
The item in dispute is the prospective medical necessity of 62310 Inject Spine C/T, 01991 Anesth, Nerve Block/Inj, 77002 Needle Localization by X-ray - start date of 6/14/2011 and end date 7/14/2011.

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 medical necessity of 62310 Inject Spine C/T, 01991 Anesth, Nerve Block/Inj, 77002 Needle Localization by X-ray - start date of 6/14/2011 and end date 7/14/2011.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:
Injured Worker, , sustained a work related injury xx/xx/xx while employed as a paper mill production line worker. The middle finger of his gloved right hand was crushed in the

mechanism of a hand crank apparatus. He immediately attempted to withdraw his right hand.

The worker was seen at xxx by Dr. on February 1, 2010, complaining of pain in the right hand and arm, over the extensor surface of the arm during supination and probation. He also complained of pain in the middle of the biceps "like I was frogged". The musculoskeletal portions and the neurological portions of the history and the physical examination have been censored or purged from all of the the clinical records from Xxxx. The clinical diagnosis was strain, forearm (841.9) and sprain, shoulder/arm (840.9). On the follow-up visit 2/18/2010 the worker was wearing a tennis elbow pad and was working light duty, but symptoms persisted. The diagnosis of numbness (782.0) was added on the note dated 5/18/2010. On that date, referral to Dr. was recommended.

On 8/20/2010 the diagnosis of neck pain (723.1) was added. Referral to neurology was mentioned in the care plan. On 9/16/2010 MRI of the cervical spine was reviewed.

Recommendation was made for referral to a neurosurgeon. The worker had reported complaints of tingling and complaints of weakness in the right arm and hand grip. Diagnosis codes were added for cervical radiculitis (723.4) and for displaced cervical intervertebral disc (722.0).

On 11/22/2010 a Designated Doctor evaluation performed by, M.D. the injured worker was found not to be at MMI. Dr. discussed some clinical records which were not made available for this review, including records from the neurosurgeon M.D., who recommended surgical treatment with anterior cervical discectomy and fusion. Dr. also reviewed the questions in a peer review by M.D. on 9/27/2010. Dr. concluded that the work-related injury was confined to the right forearm and hand.

On 12/21/2010 the care plan was to continue conservative treatment and to start physical therapy. "If ineffective consider ESI, if ineffective will need to send back to the neurosurgeon".

The worker received physical therapy at xxxx, as directed by Dr.. The response was good and further therapy was approved. The clinical diagnosis was brachial neuritis.

On March 24, 2011 epidural steroid injections were authorized by.

On April 19 epidural steroid injections were performed by, M.D. The injured worker had agreed to the procedure, which was recommended because of his symptomatology and his desire to avoid surgical intervention. According to Dr. note the neurosurgeon had suggested that he undergo a series of cervical epidural steroid injections.

Repeat epidural steroid injections were performed by Dr. on April 27, 2011. The injured worker had reported modest relief with the first injection.

A third ESI was requested on May 5, 2011. On the submitted form, "50 % improvement" was listed. Apparently this was the improvement after the second ESI. Numbness and tingling were not as bad and were not there all the time. The worker was sleeping better.

The requested procedure was non-authorized on 5/11/2011 and on 6/14/2011.

On May 11, 2011 The third ESI was non-certified on the grounds that there had been no follow-up examination after the first two injections to determine if there are persistent objective signs of radiculopathy. Also, it had not been 6-8 weeks since the previous ESI. Repeat blocks are only indicated if there is at least 50 percent pain relief after 6-8 weeks. The use of a series of three is not recommended per ODG guidelines

On June 9, 2011 the follow-up note from Healthcare Express documented that the pain level was 4/10. The worker estimated that he was about 60 percent better following the second ESI. He was going to have to wait for 6-8 weeks for the third ESI to be considered. The

patient continues to have some numbness and tingling off and on in the arms, right worse than left and some loss of grip strength on the right.

A letter To Whom It May Concern was submitted by from xxxx, emphasizing that the ESI procedures were being done specifically to avoid surgery, which would be the next treatment option. A request for a review by an IRO was submitted July 5, 2011.

DIAGNOSTIC STUDIES

2010/09/14: MRI Of the Cervical Spine, Imaging:

- At the C6-C7 level, moderate degenerative disc disease is present with generalized disc bulge and right paracentral disc protrusion producing mild spinal canal stenosis with moderate to severe right neuroforaminal stenosis.
- At the C5-C6 level, moderate degenerative disc disease is present with mild generalized disc bulging. No associated disc protrusion or spinal canal stenosis is noted.
- At this C4-C5 level, mild degenerative disc disease is present with a small left paracentral osteophyte. No associated disc protrusion or spinal canal stenosis is noted.
- At the C2-C3, C3-C4, and C7-T1 levels, no significant disc disease, disc protrusion or spinal canal stenosis. At the T1-T2 and T2-T3 levels there was mild degenerative disc disease with findings of the generalized disc bulging extending to the right .
- This is not completely evaluated with this examination.

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

Based on the records submitted for review, the requested procedure is recommended at this time.

Cervical epidural steroid injections were given April 19, 2011 and April 27, 2011. The eight day interval between injections is in compliance with ODG guidelines pertaining to diagnostic epidural steroid injections. According to the ODG Integrated Treatment/Disability Duration Guidelines, Neck and Upper Back (Acute & Chronic)(updated 06/15/11), pertaining to diagnostic Epidural steroid injection (ESI):

If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections.

After the second injection, the brief note dated May 5, 2011 stated that there had been"50 % improvement" after the second ESI, that numbness and tingling were not as bad and that the

worker was sleeping better. On June 9 the worker estimated that he was about 60 percent better following the second ESI. Therefore, the ESI performed April 27, 2011 meets the definition of a successful second diagnostic ESI. Pertaining to therapeutic ESI, the ODG guidelines pertaining to therapeutic ESI, the guidelines go on to specify the following:

(7) In the therapeutic phase, repeat blocks should only be offered if there is at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year.
(8) Repeat injections should be based on continued objective documented pain and function response.

Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. A series of two diagnostic injections was given, with good results. The guidelines do not prohibit one therapeutic injection after completion of two diagnostic injections. One might argue that the initial two injections were therapeutic rather than diagnostic, but the one-week interval between the first two injections is consistent with a series of diagnostic injections, as clearly outlined in the ODG guidelines.

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)**