



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 3/11/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a TFESI C5-6 with fluoroscopy.

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. The 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 a TFESI C5-6 with fluoroscopy.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Provider and Facility

These records consist of the following (duplicate records are only listed from one source): Records reviewed: Denial Letters – 12/13/10 & 1/18/11; Pre-auth Request – 12/7/10, Patient Face Sheet – 12/2/10, Clinical Assessment – 12/2/10; Cervical spine MRI – 5/25/10; Office Note – 6/16/10; Drug Test Results – 6/22/10; Office Notes – 6/22/10-10/21/10, Lab Test Results – 8/30/10; and Office Notes – 10/19/10-11/30/10.

Records reviewed: Radiological Review – 11/26/10, Follow-up Notes – 12/21/10-2/18/11; MRI right foot – 12/15/08, and MRI lumbar spine – 4/13/09.

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

PATIENT CLINICAL HISTORY [SUMMARY]:

This worker was injured in a work related accident. He and a co-worker were carrying a heavy piece when the co-worker dropped their section and the injured worker had an injury to his neck and left upper extremity when there was a downward pull on the left upper extremity. Early treatment is not described in the medial record, but in May 2010, an MRI of the cervical spine was performed. That showed a mild disk bulge and central annular fissure at the C5-6 level, a mild degenerative bulge and slight spondylitic spurring at C4-5, and multilevel facet arthritis.

On June 16, 2010, M.D. evaluated the injured worker and noted that he had normal deep tendon reflexes, but decreased sensation in the third and fourth digits of the left hand and weakness in the left deltoid, triceps, grip, and pinch. At that time, Dr. recommended physical therapy and a transforaminal epidural steroid injection at the C5-6 level.

On June 22, 2010, M.D. at clinic evaluated the injured worker and noted that he was complaining of elbow and neck pain. Dr. noted that the injured worker had had physical therapy for stretching and strengthening exercises. He was taking hydrocodone, Darvocet, Naprosyn, and Lyrica. Dr. noted weakness of the left arm flexors and extensors, decreased biceps and brachial radialis deep tendon reflexes, and tenderness over the lateral epicondyle of the humerus. Dr. recommended physical therapy.

Dr. continued to follow the injured worker and sometime in August, 2010, the injured worker received an intralaminar epidural steroid injection at the C7-T1 level. Records indicate that there was no immediate relief of symptoms, but after three or four days, the injured worker received relief of symptoms lasting six to eight weeks and judged to be approximately fifty to sixty percent relief.

M.D. followed the injured worker for left elbow discomfort which he described as medial and lateral epicondylitis. According to available medical records, the injured worker was treated with oral and injection medications and ultimately underwent surgery on the elbow on February 12, 2011.

On December 2, 2010, M.D. at clinic evaluated the injured worker. Dr. noted the injuries and stated that the injured worker had experienced immediate left elbow pain following the injury and had developed left cervical pain radiating to the left arm over the days following the injury. Dr. stated that the injured worker had received physical therapy which did not improve the symptoms. Dr. noted limited range of motion of the neck, tenderness over the left neck and shoulder girdle, a non-dermatomal sensory deficit, and weakness in the left biceps, triceps, wrist extensors, and hand intrinsics.

Dr. diagnosed a possible left C6 radiculopathy and recommended a left C5-6 transforaminal epidural steroid injection for both diagnostic and therapeutic purposes. The last physician evaluation was dated February 18, 2011 and was from Dr.. Continued cervical pain radiating to the left arm, forearm, and first two digits of the left hand were described. Limited range of motion of the neck, symmetrical deep tendon reflexes, non-dermatomal sensory loss, and non-myotomal weakness were described. Again, transforaminal epidural steroid injections at the C5-6 level on the left were recommended for both diagnostic and treatment purposes.

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

Available medical records indicate that this worker was injured in a work related accident. He developed medial and lateral epicondylitis which was treated conservatively with therapy, medications, injections, and ultimately surgery. He also developed left-sided neck pain radiating down the left upper extremity to the first and second digits of the left hand. His deep tendon reflexes were said to be symmetrical. Non-dermatomal sensory loss and non-myotomal weakness were described, but the distribution of the pain is suggestive of a C6 radiculopathy. The injured worker did obtain relief from an intralaminar cervical epidural steroid injection which lasted six to eight weeks and provided approximately fifty percent relief of symptoms, but the exact mechanism of the improvement following that injection is not clear.

ODG Guidelines state that in order for an individual to receive therapeutic cervical epidural steroid injections, radiculopathy must be documented both by physical examination and by imaging studies and/or electrodiagnostic testing. For diagnostic epidural steroid injections, however, the standard is that the injections may be performed "to determine pain generators when clinical findings are suggestive of radiculopathy and imaging studies have suggestive cause for symptoms but are inconclusive.

In this case, the injured worker has pain fitting in a C-6 distribution. He has sensory loss and weakness, but these do not fit into a dermatomal or myotomal pattern at this time and deep tendon reflexes are symmetrical. Therefore, symptoms and physical findings are suggestive of radiculopathy, but not confirmatory of radiculopathy at this time. The MRI study shows central annular fissure and mild disk bulge at the C5-6 level which is suggestive of a cause of radiculopathy, but not specifically diagnostic of a cause at this time. EMG studies have been performed, but there is no evidence in the medical record of results of that evaluation.

This injured worker meets ODG Treatment Guideline criteria for epidural steroid injections for diagnostic purposes since he has clinical findings suggestive of radiculopathy and imaging studies suggestive of a cause of symptoms, but

neither the physical findings nor the imaging study findings are confirmatory. A transforaminal cervical epidural steroid injection at the C5-6 level is medically necessary for diagnostic purposes at this time.

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)