



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 4/21/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of outpatient C4-5, C5-6 epidural injection.

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 prospective medical necessity of outpatient C4-5, C5-6 epidural injection.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Medical Healthcare

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Medical Healthcare: MD Operative Report – 3/11/09, Notes – 4/8/10-12/2/10; MD Follow-up Narrative Report – 2/28/11, Office Note – 1/31/11; MD Cervical ESI Script – 7/26/10, Note – 7/26/10; ARS MD Follow-up Evaluation Reports – 12/15/10-1/12/11, and Initial Consultation Report – 11/10/10.

Records reviewed from–Sr, MD Electromyography and NCV Report – 7/15/09; MD X-ray report – 9/22/08; MD Lumbar CT – 7/30/08, MD Cervical MRI Report – 7/16/10; Control Diagnostics Video ENG Report – 7/19/10; MD CT Cervical

Spine report – 9/22/08; Medical Healthcare Progress Notes – 12/13/10-3/16/11, Initial Medical Report – 6/24/10; and Pain Scale – 6/10/10.

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

PATIENT CLINICAL HISTORY [SUMMARY]:

According to available medical records, this worker was injured on xx/xx/xx when he was working around heavy equipment. A piece of heavy equipment was progressing toward him and in his attempt to escape from the equipment, he slipped and fell. He injured his neck and back. He had four surgical procedures on his cervical spine, but continues to complain of pain in the cervical area with radiation to both shoulders and down the right upper extremity. This pain, according to available medical records, is associated with reduced reflexes on the right including a decreased biceps jerk, triceps jerk, and brachioradialis reflex, 50% sensory loss in the right upper arm and forearm, and 3/5 strength in the right biceps, triceps, and wrist and finger flexors and extensors.

Recent imaging studies including an MRI of the cervical spine performed on July 16, 2010 were consistent with fusions at the C4-5, C5-6, and C6-7 levels with a disk protrusion at the C3-4 level and some mild posterior osteophyte formation consistent with mild spondylosis. The neural foramen were said to be patent at all levels.

The injured worker is taking multiple medications including narcotic analgesics, muscle relaxers, and Elavil. According to available medical records, he has been receiving physical therapy including passive and active modalities, but continuing to complain of unabated pain. Cervical epidural steroid injections were recommended on February 28, 2011 by, M.D.

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

This worker injured his neck in a work related accident on xx/xx/xx. According to available medical records, he has had four surgical procedures on his cervical spine. He has continued to have cervical pain radiating to the shoulders and right upper extremity associated with reflex loss, sensory loss, and weakness. He has had imaging studies, but no upper extremity electrodiagnostic studies are reported. At this time, he does not meet ODG Treatment Guideline criteria for therapeutic epidural steroid injections since the documentation of radiculopathy is not conclusive or corroborated by imaging studies which showed nonspecific spondylosis and patent neural foramen, and there is no electrodiagnostic evidence of cervical radiculopathy presented in this record. He does have physical findings suggestive of radiculopathy but no electrodiagnostic or conclusive imaging studies to support a diagnosis of radiculopathy.

This worker does meet criteria for diagnostic epidural steroid injections, however. The criteria met include performing the epidural steroid injections to help identify the origin of the pain in a patient with previous surgery. Furthermore, the epidural steroid injections would help determine the pain generator when clinical findings are suggestive of radiculopathy (reflex changes, sensory loss, and weakness), but imaging studies are inconclusive. His imaging studies do show spondylosis and post-surgical changes, but they did not show significant stenosis of the spinal canal or neural foramen.

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)