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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: May/19/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 Cervical Epidural Steroid Injection at the C4-5 and C6-7 Levels under Fluoroscopy with Intravenous Sedation

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

M.D., Board Certified in Anesthesiology and Pain Management

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

Official Disability Guidelines – Treatment for Workers' Compensation, Chapter: Neck & Upper Back, Epidural steroid injection (ESI)
Utilization review determination dated 04/18/11
Utilization review determination dated 04/26/11
Clinical records Dr. dated 04/07/11, 03/22/11, 03/03/11, 01/19/11
Procedure report cervical epidural steroid injection dated 02/08/11
MRI cervical spine dated 12/15/10
CT of cervical spine dated 09/13/10

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male who is reported to have sustained work related injuries as result of motor vehicle accident occurring on xx/xx/xx. On the date of injury it is reported he was driving 65 mph when he was struck in rear. He recalls hitting his head on the window and door. He had immediate visual disturbances and nearly blacked out. He pulled over to side of road and was quite stunned. Since that time he has had persistent neck, shoulder, and upper back pain despite conservative treatment and diagnostic testing. MRI of cervical spine dated 12/15/10 is reported to be remarkable for degenerative disc disease at C6-7 with disc bulging at C4-5. MRI of lumbar spine was negative. CT of cervical spine is reported to be consistent with disc bulge at C4-5 and small disc protrusion. He underwent EMG/NCV study, which did not show any significant isolated entrapment in upper or lower extremities. Mild swelling across the thoracic outlet or brachioplexus was noted. EMG testing showed no acute electromyographic changes. He is reported to have undergone numerous drug regimens and physical therapy with no improvement. His cervical spine pain continues to be 5/10 on daily basis. He reports occasional numbness and tingling in 4th and 5th fingers of left hand with decreased grip strength. He takes occasional NSAID and feels medications leave him drowsy. On physical examination he is anxious and frustrated. He is 5'5" tall and weighs 150 lbs. He has decreased cervical range of motion. He has tenderness over the left atlantooccipital and atlantoaxial facet joints. His pain is aggravated with rotation, extension, and side bending to the left. He has moderate tenderness over the cervical facet columns

from C2-3 through C5-6 with reproduction of his neck pain complaints. He has increased paraspinal muscle tone. He has trigger point tenderness throughout the left trapezius interscapular and rhomboid regions. He has mildly positive Spurling's test. Motor and sensory in upper extremities was otherwise unremarkable. It is opined the injured employee is suffering from cervical facet syndrome and cervical disc disruption.

It is recommended he undergo directive treatment to the facet joints in conjunction with epidural blockade. Records indicate on 02/08/11 the claimant underwent cervical epidural steroid injection. This was performed at C4-5 and contrast was distributed from C4-5 through C6-7.

The claimant was seen on 03/03/11. This note indicates the claimant's medication profile was changed, and Dr. was recommending a second block. The record contains no data regarding the claimant's response to first injection.

The claimant was seen on 03/22/11. His neck is reported to be significantly improved following cervical epidural steroid blockade. It is reported the claimant is upset. He is anxious. He is unable to perform activities he enjoys. Primary complaint at this visit is regarding the low back. He has exquisite tenderness over the facet joints on the left aggravated with side bending and extension. He is walking with dramatic antalgic limp and gait. He subsequently is recommended to undergo lumbar facet treatments. He is continued on oral medications.

On 04/07/11 the claimant was seen in follow-up. He is reported to be at least 70% improved following his first cervical epidural blockade. He subsequently is recommended to undergo a second cervical epidural steroid injection. The record contains imaging studies dated 12/15/10. This study notes mild degenerative disease in cervical spine worse at C6-7 where there is mild osteophytic ridge/disc complex effaces the ventral subarachnoid space with slight ventral indentation. The posterior subarachnoid space is effaced as well at this level. There is bilateral foraminal narrowing as described above. At C6-7 there is disc height loss. The record contains CT of cervical spine dated 09/13/10 which reports severe localized degenerative changes at C6-7 level with multilevel cervical disc bulging and small central protrusion at C4-5 level.

On 04/18/11 the request for cervical epidural steroid injection was not approved under utilization review. The reviewing physician noted under current evidence based guidelines, the criteria for repeat epidural steroid injections were not met. He notes additional injections are only warranted if the response documented is at least 50-70% for period of at least 6-8 weeks. He notes the duration of pain relief is not quantified in medical reports. He further notes an active treatment program in conjunction with steroid injections is not mentioned.

The appeal request was reviewed on 04/26/11. At this time, Dr. notes that there is no objective documentation of sustained pain relief or increase in functional capacity as a result of previous injection. He further notes there is no evidence that the requested procedure is part of evidence based rehabilitative program aimed at restoration of function and avoidance of surgery. He notes there is no documentation of failure of trial of conservative treatment such as physical therapy and pharmacotherapy. He subsequently upholds the previous denial.

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

The available clinical record indicates the claimant has subjective complaints of cervical pain without objective findings of radiculopathy on physical examination. The claimant is noted to have evidence of pathology at C4-5 and C6-7 that does not result in significant compression. The record provides no data establishing the claimant has failed a course of conservative treatment. It is further noted that the claimant has previously undergone cervical epidural steroid injection on 02/08/11. The claimant's response to this was not initially quantified in the immediate post procedure notes; however, prior to requesting the second injection, Dr. notes the claimant had at least 70% improvement following the first injection. He does not

provide any other data to support this assessment. There is no pre-procedure VAS scores or post procedure scores.

There is no indication from the record that the claimant has had significant functional improvement, nor does the record include any data to suggest significant decrease in requirement for oral pain medication. Based on the clinical information provided and in accordance with Official Disability Guidelines, the reviewer finds no medical necessity for 1 Cervical Epidural Steroid Injection at the C4-5 and C6-7 Levels under Fluoroscopy with Intravenous Sedation.

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)