

MAXIMUS Federal Services, Inc.
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Notice of Independent Review Decision

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Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW: May 21, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient one cervical epidural steroid injection (ESI) #2 at C5-C6.

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

M.D., Board Certified in Neurology.

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 requested service, outpatient one cervical epidural steroid injection (ESI) #2 at C5-C6, is not medically necessary for the patient.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for a Review by an Independent Review Organization dated 5/3/11.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 5/3/11.
3. Notice of Assignment of Independent Review Organization dated 5/4/11.
4. MRI of left shoulder dated 9/29/10.
5. Videonystagmography dated 9/29/10.
6. X-ray of left humerus dated 9/28/10.
7. Medical records from Medical Evaluations dated 9/6/10 and 10/12/10.
8. Work Task Analysis from Occupational Assessment Services dated 10/29/10.
9. Range of Motion and Manual Muscle Test dated 9/28/10, 12/16/10 and 4/5/11.
10. Muscle Strength Testing dated 1/20/11.
11. Medical records from Medical Healthcare dated 9/28/10, 9/30/10, 10/5/10, 10/6/10, 10/7/10, 10/14/10, 10/19/10, 10/20/10, 10/21/10, 10/25/10, 11/22/10, 12/22/10, 1/24/11, 2/23/11, 2/24/11, 3/10/11 and 3/22/11.
12. Medical records from Interventional Pain Specialists dated 9/30/10, 10/28/10, 11/22/10, 12/20/10, 1/17/11, 2/14/11, 4/11/11 and 4/25/11.
13. Medical records from MD dated 1/12/11.
14. Consultation report from Hospital dated 10/1/10.
15. Psychological Evaluation from, MD dated 1/13/11.
16. Medical records from MD dated 1/20/11 and 2/28/11.
17. Medical records from Ph.D. and Associates, P.C. dated 1/27/11.
18. Procedure report from Diagnostic dated 2/8/11.
19. Medical records from Hospital dated 2/18/09.
20. Medical records dated 2/5/09 through 10/20/10 (provider not identified).
21. DX/Spine Cervical dated 2/18/09.
22. MRI/Spine Cervical dated 2/18/09.
23. DX/Fluoro Guide dated 2/18/09.
24. MRI of the brain dated 1/24/09.
25. Medical records from MD dated 8/10/10.
26. Medical records from Neurology Associates of dated 1/27/09.
27. Laboratory results dated 2/18/09 and 8/10/10.
28. Range of Motion and Manual Muscle Test dated 9/28/10.
29. MRI of left wrist dated 9/29/10.
30. MRI Cervical Spine Without Contrast dated 9/29/10.
31. Denial Documentation.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who was injured on xx/xx/xx when she was working as a xx and was assaulted by an xxxx. This resulted in neck and low back pain. The patient underwent physical therapy and was prescribed several analgesics and muscle relaxants. The patient was referred to a

pain management specialist. On 9/30/10, examination reported lower cervical tenderness, left paraspinal tenderness and trapezius muscle tenderness. There was decreased range of motion. No signs of radiculopathy were noted. A cervical MRI scan on 9/29/10 revealed a disc bulge at the C5-C6 level. Electrodiagnostic studies performed on 10/12/10 were normal. The patient consulted the pain specialist again on 10/28/10. She had been prescribed Darvocet and Flexeril. Darvocet was not effective. Flexeril seemed to help. Examination was unchanged. Cervicalgia and myalgia/myositis were again diagnosed. Meloxicam and Tramadol were prescribed. Flexeril was increased to 10 mg. A cervical epidural steroid injection was recommended. On 10/20/10, examination was unchanged. Neurontin was prescribed. On 2/8/11, the patient underwent a cervical epidural steroid injection at the C7-T1 level. At follow-up on 2/14/11, the patient complained of increased pain the day following the injection along with numbness into her fingers and pain in the legs above her knees. A request has been made for cervical epidural steroid injection (ESI) #2 at C5-C6.

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

Review of the submitted documentation does not demonstrate the medical necessity of a second cervical epidural steroid injection for this patient. The submitted records do not document the degree of pain relief the patient experienced following the first epidural steroid injection at C7-T1. According to Official Disability Guidelines (ODG), epidural steroid injections should produce 50% or more pain relief for 6-8 weeks. In this case, there is no indication that the patient benefitted from the first injection, and if so, to what extent. In fact, the patient reported an increase in pain following the injection. Further, the records provided do not indicate symptoms, signs or diagnostic evidence of radiculopathy, which is another ODG requirement for the use of cervical epidural steroid injections.

For the reasons noted above, I have determined that the requested service is not medically necessary for this patient. As such, the denial should be upheld.

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)