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Notice of Independent Review Decision

DATE OF REVIEW: 10/05/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Cervical ESI under fluoroscopy

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

Board Certified in Orthopedic Surgery

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Cervical epidural steroid injection (ESI) under fluoroscopy - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

A cervical myelogram dated xx/xx/xx and interpreted by M.D.
Operative reports from M.D. dated 08/20/91, 08/13/93, and 04/07/98
A pathology report dated 08/20/91 from M.D.
A discharge summary from Dr. dated 08/22/91
A radiology report dated 06/02/94 and interpreted by M.D.

Evaluations with Dr. dated 09/09/91, 09/30/91, 10/14/91, 11/14/91, 12/12/91, 01/27/92, 02/27/92, 06/14/93, 06/28/93, 09/09/93, 11/15/93, 12/13/93, 01/24/94, 03/21/94, 04/21/94, 06/02/94, 08/11/94, 10/13/94, 12/12/94, 02/13/95, 05/15/95, 06/29/95, 08/10/95, 09/21/05, 11/30/95, 01/29/96, 05/06/96, 08/05/96, 12/05/96, 02/06/97, 05/08/97, 05/22/97, 07/03/97, 07/24/97, 09/04/97, 11/13/97, 12/04/97, 12/18/97, 01/22/98, 02/26/98, 04/30/98, 05/14/98, 07/16/98, 09/28/98, 10/22/98, 12/17/98, 02/18/99, 04/29/99, 07/29/99, 10/28/99, 01/31/00, 04/24/00, 07/24/00, 10/23/00, 01/25/01, 04/23/01, 07/23/01, 11/26/01, 03/25/02, 07/22/02, 11/25/02, 03/27/03, 06/30/03, 09/04/03, 12/04/03, 03/04, 05/13/04, 07/19/04, 08/16/04, 11/11/04, 01/24/05, 02/17/05, 04/04/05, 06/06/05, 08/08/05, 11/07/05, 02/09/06, 05/04/06, 07/06/06, 09/07/06, 12/14/06, 12/26/06, 03/15/07, 06/04/07, 06/18/07, 07/16/07, 08/09/07, 09/17/07, 12/17/07, 03/17/08, 07/17/08, 10/20/08, 10/30/08, 01/05/09, 03/05/09, 05/04/09, 07/02/09, 08/06/09, 08/10/09, 08/24/09, 10/08/09, 10/19/09, 12/17/09, 01/04/10, 03/18/10, 06/07/10, 09/10, 12/10, 02/11, 05/11, and 08/11

An MRI of the cervical spine dated 01/30/92 and interpreted by M.D.

Cervical myelograms performed by M.D. dated 02/07/92, 06/16/93, and 01/16/98
X-rays of the chest dated 08/06/93 and interpreted by Dr.

History and physical examinations from Dr. dated 08/13/93 and 04/07/98

X-rays of the cervical spine dated 08/13/93 and interpreted by, M.D.

Another pathology report dated 08/13/93 from M.D.

A discharge summary from Dr. dated 08/14/93

Additional cervical x-rays performed on 02/17/95 and interpreted by M.D.

Flexion and extension views of the cervical spine dated 12/05/96 and interpreted by M.D.

A cervical MRI dated 12/12/97 and interpreted by M.D.

An evaluation with M.D. dated 03/27/98

A radiology report dated 04/07/98 and interpreted by M.D.

A pathological report dated 04/07/98 and interpreted by M.D.

A discharge summary dated 04/09/98 from Dr.

Additional x-rays of the cervical spine dated 04/27/98 and interpreted by Dr.

Lateral views of the cervical spine dated 07/16/98 and interpreted by Dr.

X-rays of the cervical spine and right hip dated 10/08/98 and x-rays of the cervical spine only 02/18/99 and interpreted by Dr.

Cervical x-rays dated 04/29/99 and interpreted by Dr.

X-rays of the right hip and lumbar spine dated 07/29/99 and interpreted by M.D.

An MRI of the lumbar spine dated 08/03/99 and interpreted by, M.D.

Steroid injection reports dated 12/23/03, 03/19/04, and 09/14/04 from Dr.

ESI operative reports from Dr. dated 06/10/05, 08/26/05, 11/18/05, 02/22/06, 05/19/06, 02/20/07, 03/30/07, 01/09/08, 04/11/08, 06/19/09, 09/15/09, 06/22/10, and 06/14/11

A radiology report for the lumbar spine dated 06/04/07 and interpreted by M.D.

Lumbar myelogram with post myelogram CT scan dated 08/18/09 and interpreted by Dr.

A history and physical from Dr. dated 09/15/09

Physician's Orders and Admissions dated 09/15/09 from Dr.

Intraoperative evoked potentials dated 09/15/09 and interpreted by D.O.

A discharge summary dated 09/17/09 from Dr.

X-rays of the lumbar spine dated 10/08/09 and interpreted by Dr.
A Notice of Independent Review Decision dated 03/02/10 from Examination Services, Inc.
A HICFA 1500 claim form dated 06/22/10 from Medical Center
X-rays of the lumbar spine dated 09/23/10 and interpreted by, M.D.
A preauthorization request from Dr. dated 08/11/11 for a cervical ESI with fluoroscopy
A Review Determination from M.D. for Direct dated 08/11/11
An appeal preauthorization request from Dr. for the cervical ESI with fluoroscopy dated 08/30/11
Another Review Determination from, D.O. for Direct dated 08/30/11
A letter from Dr. office dated 09/06/11 regarding the denial of the appeal
The Official Disability Guidelines (ODG) were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

Dr. performed a right cervical C6-C7 laminotomy and foraminotomy with excision of herniated disc and nerve root decompression on 08/20/91. On 08/13/93, Dr. performed an anterior discectomy at C6-C7 with excision of the herniated disc and root decompression, microscopic. On 02/06/97, the patient stated she had fairly good flexibility of the neck and no reproduction of pain with neck extension. Dr. then performed anterior discectomy at C4-C5, C5-C6, and C6-C7 with bilateral root decompression and interbody fusion at C4-C5, C5-C6, and C6-C7 on 04/07/98. On 07/29/99, Dr. noted the patient's neck condition was stable, but her major problem was her low back, right hip, and buttock pain. On 04/24/00, it was noted the patient was still significantly overweight and she noted she could not get much exercise because she was taking care of her sick mother. Dr. stated on 03/25/02, 07/22/02, and 11/25/02, that the patient was basically the same. On 09/04/03, it was noted Dr. had provided the patient with Darvocet, Prednisone, and Lasix and she was feeling quite a bit better. On 05/13/04, it was noted the patient received excellent results from the cervical steroid injection done about two months prior, but her she had over the last 10 days severe pain in the left medial trapezius area. On 07/19/04 and 08/06/04, Dr. noted the cervical steroid injections had been denied. The patient informed Dr. on 11/11/04 that the steroid injection two months prior gave her excellent relief and she was using very little medication. Dr. performed cervical ESIs on 06/10/05, 08/26/05, 11/18/05, 02/22/06, 05/19/06, 02/20/07, 03/30/07, 01/09/08, 04/11/08, and 06/19/09. Dr. performed a decompressive L4-L5 laminectomy, bilateral L4 and L5 root decompression, and a bilateral L4-L5 posterolateral fusion on 09/15/09. On 12/17/09, 03/18/10, 06/07/10, and September 2010, Dr. noted she was doing well status post lumbar surgery and her x-rays showed good position of the hardware. On 06/22/10, Dr. performed another cervical ESI. X-rays of the lumbar spine performed on 09/23/10 revealed a stable appearance of the lumbar spine. In May 2011, the patient had increasingly severe lumbar pain to the right hip, buttock, and sometimes down to the foot. A right sided lumbar injection was recommended. Dr. performed a lumbar ESI on 06/14/11. On 08/08/11, the patient

stated she got good relief from the lumbar ESI. She was taking Hydrocodone and Soma. Dr. provided an adverse determination from Direct on 08/11/11 for the recommended cervical ESI. Dr. also provided an adverse determination from Direct on 08/30/11 for the cervical ESI.

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

The patient has post laminectomy pain without any objective signs or symptoms of radiculopathy. The patient does not appear to have abnormal neurological function. The physical examinations are brief, but Dr. does not indicate she is having radiculopathy. She has received multiple ESIs in the past without any evidence of significant long lasting benefit. At the current time in the absence of radiculopathy, ESIs are not appropriate.

The criteria according to the ODG for ESIs include that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. At the current time, none of these criteria are met. The patient has had a multitude of injections, none of which have been long lasting. Ongoing injections are not validated by the ODG. Therefore, the requested cervical ESI under fluoroscopy is not reasonable or necessary and the previous adverse determinations 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 AND KNOWLEDGE BASE
- 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

X 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)**