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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Oct/05/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical epidural steroid injection at C3-C4 under fluoroscopic guidance, epidurography and lysis of adhesion

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

M.D., Board Certified 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Official Disability Guidelines
Request for utilization review 09/15/11
Utilization review determination 08/24/11
Utilization review determination 09/12/11
Clinical records Dr. 06/18/07 through 08/18/11
MRI lumbar spine 08/01/07
MRI cervical spine 08/03/07
Designated doctor evaluation 08/14/07
EMG/NCV study 09/14/07
Procedure report cervical epidural steroid injection 02/15/08
Peer review Dr. 03/14/08
Designated doctor evaluation 05/20/08
CT myelogram lumbar spine 06/28/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained work related injuries on xx/xx/xxxx. He was operating and unloading a trailer when the driver pulled the trailer from the dock causing him to fall approximately seven to eight feet to the ground. He sustained an injury to his neck and low back. He complains of numbness in left third, fourth, and fifth fingers and pain across the shoulders. He has a history of an elective nephrectomy donating his kidney to his brother. On physical examination he has tenderness to palpation in the paraspinal musculature of the cervical spine and has intact reflexes, motor, and sensory with tenderness over the lumbar paraspinal musculature. He was initially diagnosed with cervical sprain and lumbar strain. Radiographs taken at this visit were unremarkable. The claimant was referred for physical therapy. The claimant was later referred for MRI of the lumbar spine on 08/01/07, which notes disc desiccation at the L5-S1 level with mild bilateral facet hypertrophy and approximately 5mm of anterior subluxation of L5 on S1. MRI of the cervical spine was performed on 08/03/07, which notes degenerative changes with a small right posterior

paramedian disc herniation at C3-4 causing mass effect upon the ventral aspect of the cord at this level. Of note, the claimant's initial presentation was with complaints of numbness into the left third fourth and fifth fingers. The MRI indicates a right posterior paramedian disc at this level at C3-4. On 08/14/07 the claimant was seen by, Dr. a designated doctor. Dr. opined that the claimant has not reached maximum medical improvement. EMG/NCV study dated 09/13/07 revealed a chronic L5 radiculopathy. There was no evidence of cervical radiculopathy on this study. On 02/15/08 the claimant underwent a cervical epidural steroid injection.

The records contain a peer review from Dr. dated 03/14/08. A subsequent designated doctor evaluation was performed on 05/20/08 by, Dr. who again found that the claimant was not at maximum medical improvement. The claimant was recommended to undergo an L5-S1 microdiscectomy. On 06/28/10 the claimant was referred for CT myelogram of the lumbar spine, which notes a transitional lumbosacral segment at L5-S1 at L4-5. There is a broad based protrusion and subligamentous disc herniation L5-S1. There is moderate to marked narrowing of the disc space with vacuum disc phenomena. There is a broad posterior subligamentous herniation of 3-3.6mm in AP diameter indenting the thecal sac with hypertrophic changes of the facet joint. Records indicate that the claimant was approved for surgery and underwent a laminectomy and microdiscectomy at L5-S1 on 08/11/10. The claimant is noted to have continued low back pain post-operatively. On 03/04/11 the claimant underwent a lumbar epidural steroid injection, which is reported to have provided 70% relief in his lower extremities. It's later reported that this response was only temporary. On 08/18/11 the claimant was seen in follow up by, Dr. He has tenderness and decreased range of motion of cervical spine. He is reported to have positive Spurling's reproducing symptoms in his right upper extremity. He is reported to have weakness in shoulder abductors. Reflexes are symmetric. Sensation is slightly diminished along lateral aspect of right upper arm. He is reported to have mildly positive straight leg raise in left and diminished sensation in left L5 distribution. He is subsequently recommended to undergo cervical epidural steroid injection. On 08/24/11 the initial request was reviewed by, Dr. Dr. non-certified the request. She reported there is no documentation of formal imaging study correlating concordant nerve root pathology. She further notes current evidence based guidelines do not consistently and overwhelmingly support adhesiolysis. The case was also reviewed by, Dr. on 09/12/11. Dr. notes that imaging studies do not indicate overt nerve root impingement, and electrodiagnostic report does not indicate cervical radiculopathy. He further reports the records do not provide objective documentation of the failure of optimized pharmacotherapy. He notes the patient previously received a cervical epidural steroid injection and response to this is not documented in the clinical record.

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

This claimant presented with left upper extremity complaints despite having a right lateralizing disc herniation at C3-4. The submitted clinical records do not clearly establish a neurocompressive lesion at this level and a subsequent EMG/NCV study found no evidence of cervical radiculopathy on that study. It is noted that the claimant has subjective reports of radicular symptoms in right upper extremity. The claimant has been treated with oral medications and physical therapy and later underwent a cervical epidural steroid injection. The claimant's response to this injection is not documented in the clinical record. Therefore, there is insufficient evidence to establish medical necessity of a repeat injection. Additionally, the record does not indicate the claimant has undergone surgical intervention, and therefore, there would be no need to perform lysis of adhesions. Based on the totality of the submitted clinical information, the request would not be supported under current evidence based guidelines. The reviewer finds there is not a medical necessity for Cervical epidural steroid injection at C3-C4 under fluoroscopic guidance, epidurography and lysis of adhesion.

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)