

SENT VIA EMAIL OR FAX ON  
Apr/12/2012

## True Decisions Inc.

An Independent Review Organization  
2002 Guadalupe St, Ste A PMB 315  
Austin, TX 78705  
Phone: (512) 879-6332  
Fax: (214) 594-8608  
Email: rm@truedecisions.com

### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Apr/10/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Cervical Epidural Steroid Injection

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

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**

OD Guidelines

Cover sheet and working documents

Utilization review determination dated 02/27/12, 03/19/12, 11/01/11, 10/07/11

MMT/ROM testing dated 07/12/11, 08/31/10, 03/19/10

Orthopedic report dated 02/01/12, 09/28/11, 09/13/11, 07/12/11, 03/07/11, 11/05/10,

08/31/10, 07/27/10, 06/11/10, 05/11/10, 04/20/10, 03/19/10, 03/02/12

Manual muscle strength exam dated 03/02/12

Order of dismissal dated 03/19/12

Notice of independent review decision dated 11/23/11

Operative report dated 10/13/11, 02/11/11, 10/25/10, 05/05/10, 02/08/10

Reference material

BHI2 report dated 09/14/11

Designated doctor evaluation dated 11/16/11, 06/01/11

IME dated 10/29/10

Preoperative assessment dated 10/19/11

Cervical CT myelogram dated 10/13/11

EMG/NCV dated 11/24/09, 05/04/11

MRI cervical spine, lumbar spine, right knee, right ankle dated 11/06/09, 08/12/10

Surgical pathology report dated 05/05/10

Psychosocial screen dated 09/19/11

## **PATIENT CLINICAL HISTORY SUMMARY**

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was on a ladder when the ladder moved and he fell down, landing on his back on top of the ladder. MRI of the cervical spine dated 11/06/09 revealed no neural foraminal at any level. Treatment to date includes lumbar transforaminal epidural steroid injection on 02/08/10, lumbar laminectomy, discectomy and foraminotomy at L5-S1 on 05/05/10, lumbar epidural steroid injection on 10/25/10. Lumbar MRI dated 08/12/10 revealed postoperative changes at L5-S1 with posterior right paracentral disc protrusion/herniation and associated 2 mm thickness enhancing epidural fibrosis impinging on the right S1 nerve root and right anterolateral thecal sac. IME dated 10/29/10 indicates that the patient has not received any significant treatment to the cervical spine. Diagnoses are status post L5-S1 HNP and discectomy with continuing S1 radiculitis, and cervical right-sided radiculopathy. The patient underwent cervical epidural steroid injection on 02/11/11. Follow up note dated 03/07/11 indicates that the injection gave him no relief and intensified his pain. EMG/NCV dated 05/04/11 revealed findings supportive of right L5 chronic lumbar radiculopathy. Designated doctor evaluation dated 06/01/11 indicates that diagnoses are lumbar disc disease with disc herniation at L5-S1; cervical sprain/strain; cervical discopathy at multiple levels with positive EMG at the C7 level; right ankle sprain; right knee sprain. The patient was determined not to have reached MMI. Cervical CT myelogram dated 10/13/11 revealed the entire cervical spine is mildly stenotic due to congenital spinal stenosis; minimal C4-5 and C6-7 spondylosis; spinal canal is narrowest at C4-5 level where AP dimension of the thecal sac measures 9 mm; no spinal cord compression of the cervical spine is seen. Designated doctor evaluation dated 11/16/11 indicates that the patient reached MMI as of 10/12/11 with 10% whole person impairment. Physical examination on 02/01/12 indicates there is tenderness to palpation with decreased range of motion in all directions of the cervical spine and positive axial compression test. Motor strength was weaker on the right when compared to the left. He has some decreased sensation along the third, fourth and fifth digits of the right hand. Deep tendon reflexes are 2+ throughout the bilateral upper extremities.

Initial request for cervical epidural steroid injection was non-certified on 02/27/12 noting that the findings for cervical radiculopathy are equivocal with only an axial compression test and nonspecific weakness on the right compared to the left. The only finding was decreased sensation along the third, fourth and fifth digits which crosses two dermatomes but normal deep tendon reflexes, and there is no corroboration from imaging. The patient got no benefit from a previous cervical epidural steroid injection. The denial was upheld on appeal dated 03/19/12 noting that the patient had global weakness on the right. There was no dermatomal pattern to the weakness. There was decreased sensation for several months in the third, fourth and fifth digits of the right hand. The patient had a CT myelogram which did not demonstrate any significant stenosis or nerve root compression; therefore, the request for the epidural steroid injection is not supported by exam or evidence based guidelines. The results are unclear from the previous epidural steroid injection.

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

Based on the clinical information provided, the request for cervical epidural steroid injection is not recommended as medically necessary, and the two previous denials are upheld. The patient underwent previous cervical epidural steroid injection on 02/11/11. Follow up note dated 03/07/11 indicates that the injection gave him no relief and intensified his pain. The Official Disability Guidelines support repeat epidural steroid injection with evidence of at least 50% pain relief for at least 6-8 weeks. The patient's physical examination fails to establish the presence of active cervical radiculopathy. The submitted CT myelogram dated 10/13/11 did not demonstrate any significant stenosis or nerve root compression. The request is nonspecific and does not indicate which level/s is/are to be injected. Given the current clinical data, the requested cervical epidural steroid injection is not indicated as medically necessary.

**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)