



Specialty Independent Review Organization

Notice of Independent Review Decision

Date notice sent to all parties: 7/20/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

The item in dispute is the prospective medical necessity of an injection, w/wo contrast; diagnostic/therapeutic and Fluor GID & LOCLZI NDL/CATH SPI DX.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation.

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 reviewer agrees with the previous adverse determination regarding the prospective medical necessity of an injection, w/wo contrast; diagnostic/therapeutic and Fluor GID & LOCLZI NDL/CATH SPI DX.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Records were received and reviewed from the following parties:
Injury Management Organization and Anesthesia & Pain Management

These records consist of the following (duplicate records are only listed from one source): Records reviewed from xxx:

LHL009 – 7/5/12

xxxxx:

Adverse Determination Letters – 6/5/12 & 6/27/12

Records reviewed from xxxxx xxxxxx:

Follow-up Notes – 1/26/12, 2/24/12, 4/16/12, 5/17/12, 6/12/12

Initial Pain Evaluation – 10/16/00

Select Pain Procedure Centers:

Cervical Epidural Steroid Injection – 5/1/12

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured worker was injured xx/xx/xx. She was seen by Dr. on xxxxx for initial pain evaluation. At that time she gave a history of bilateral carpal tunnel syndrome as well as thoracic outlet syndrome treated with surgical release in 1997. According to Dr., the worker reported persistent pain and was taking non-steroidal anti-inflammatory drugs and weak narcotic analgesia. Dr. diagnosed complex regional pain syndrome, myofascial pain syndrome due to the chronic pain state, and moderate reactive depression. Neuropathic pain medications were started. His plan was to perform sympathetic blockade for both diagnostic and therapeutic benefit.

On a follow-up outpatient visit January 26, 2012 the worker reported significant reduction of neck pain and improvement of range of motion about the arms and hands following a series of cervical epidural blocks. Although the dates were not given, Dr. noted that these blocks had not been approved in a successive and temporal manner. They were spread out over weeks and months. The worker was reported to be willing to decrease Norco dose frequency down to 7.5 milligrams 2 to 3 times per day while continuing Lyrica, amitriptyline and Zoloft. Follow-up in 2 to 3 months was recommended.

On February 24, 2012, the neuropathic pain was well controlled. The worker was exercising and participating in a fitness program.

On April 16, 2012, the worker complained of persistent arm and hand pain with swelling, sensitivity and hyperesthesia. The worker wanted to reinstitute cervical epidural blockade. The dose of Lyrica was increased to 150 milligrams three times daily. Dr. noted that the central cervical epidural blockade which had been done more than six months previously "was highly efficacious in restoring her pain levels which are now back up to 6-7/10 down to 2-3/10". "We will schedule her for this pending insurance authorization".

On May 1, 2012, Dr. performed a cervical epidural steroid injection at the C5-C6 level.

On May 17, 2012, the worker reported more than 90 percent improvement of the neck, shoulder and arm pain following the single cervical epidural block. The dose of Lyrica was adjusted downward to 100 milligrams three times daily. She had been able to cut the Norco dose down to three tablets per day. Dr. planned to suggest a second cervical epidural block and [recommended] increasing activity levels. On June 5, 2012 the proposed epidural steroid injection was non-authorized.

On June 12, 2012 (approximately 6 weeks post cervical epidural steroid injection) the worker reported that her hands were cold and sensitive to touch and she was having increasing neck pain. Dr. stated that "we are treating her for cervical disc protrusion and secondary CRPS which failed prior surgical intervention". The Norco schedule was changed to four times daily. Dr. continued the other medications including Lyrica, Elavil and Zoloft. Treatment included adjustment of

medications and counseling regarding activities of daily living, exercise and rehabilitative efforts. On June 27, 2012, the proposed procedure was again non-authorized on reconsideration.

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

The request is for diagnostic cervical epidural steroid injection (ESI). According to the ODG Integrated Treatment/Disability Duration Guidelines, Neck and Upper Back (Acute & Chronic), updated 01/30/12, pertaining to Criteria for the use of Epidural steroid injections, diagnostic: to determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below:

- (1) To help to evaluate a pain generator when physical signs and symptoms differ from that found on imaging studies;
- (2) To help to determine pain generators when there is evidence of multi-level nerve root compression;
- (3) To help to determine pain generators when clinical findings are suggestive of radiculopathy (e.g. dermatomal distribution), and imaging studies have suggestive cause for symptoms but are inconclusive;
- (4) To help to identify the origin of pain in patients who have had previous spinal surgery.

According to the ODG Integrated Treatment/Disability Duration Guidelines, Neck and Upper Back (Acute & Chronic), updated 01/30/12, radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Corroborative findings are listed as imaging studies and/or electrodiagnostic testing. The documents submitted for this review do not document corroborative findings as defined above except for statements to the effect that

- Sometime in 2011, cervical ESI was requested, “for treatment of cervical disc protrusion and secondary CRPS.” The ESI were approved over the course of weeks or months as separate injections, the last of which was in late 2011 or in January 2012. After that series of injections, relief from pain lasted through February 24, 2012 but pain recurred on or before April 16, 2012.
- Another ESI was requested, approved and was administered May 1, 2012. Good relief from pain was reported on the follow-up outpatient visit May 17, 2012 but on June 12, 2012, six weeks after the injection of May 1, 2012, pain had increased. The percentage relief, if any, was not documented.

According to the ODG Integrated Treatment/Disability Duration Guidelines, Neck and Upper Back (Acute & Chronic), updated 01/30/12, pertaining to Criteria for the use of Epidural steroid injections, therapeutic:

- (7) In the therapeutic phase, repeat blocks should only be offered if there is at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year.
- (8) Repeat injections should be based on continued objective documented pain and function response.

The requested service does not meet the ODG criteria; therefore, it is not medically necessary.

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)