

Notice of Independent Review Decision

July 26, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

ESI at C6-C7

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

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

TDI

- Utilization Reviews (5/18/12 – 05/31/12)

M.D.

- Office visits (12/06/06 – 7/6/12)
- Diagnostics (7/30/08)
- Procedures (9/9/11)
- Utilization reviews (5/18/12 – 6/13/12)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who was injured on xx/xx/xx. She injured her neck at school, but the mechanism of the injury is not provided in the records.

PRE-INJURY RECORDS

On December 6, 2006, the patient was evaluated by M.D., for head pain primarily located in the bilateral occipital area and rated as 5 on the visual analog scale (VAS). Associated symptoms included nausea, difficulty sleeping and stiff neck. Her history was noted significant for laminectomy at L4-L5, left hip joint replacement in 2002 and an anterior cervical discectomy and fusion (ACDF) in March 2003. She also suffered from generalized anxiety disorder, panic attacks

and major depression. Dr. reviewed a magnetic resonance imaging (MRI) of the cervical spine from June 2006 that showed moderate spinal stenosis at C3-C4 and C5-C6. The diagnoses were pain in head and cervical spondylarthritis. Dr. prescribed Dilaudid, methadone and Zanaflex and administered cervical facet median nerve blocks. The patient reported that her pain was worsened by the injections. Dr. increased the dose of methadone.

MRI of the cervical spine was obtained on July 30, 2008. The findings were: fusion at C4-C5 and multilevel degenerative changes predominantly on the left at C5-C6 and C6-C7. There was flattening of the ventral cord at C5-C6 and C6-C7 without definite cord signal abnormality.

On September 9, 2011, the patient underwent C6-C7 epidural steroid injection (ESI) under fluoroscopic guidance. The patient reported 100% pain relief and was scheduled for medication evaluation.

POST-INJURY RECORDS

On May 14, 2012, the patient presented to NP, for neck pain radiating to the upper back and shoulders characterized as constant and sharp. The notes indicate that the initial onset was 2002 and this pain had precipitated again at school. She also had associated headaches. The patient was utilizing opioid analgesics and skeletal muscle relaxants with minimal relief. Her ongoing medications were Effexor XR, Enablex, Xanax, hydrocodone/acetaminophen, Zanaflex and methadone. Review of systems (ROS) was positive for arthralgias, joint stiffness, neck pain, anxiety and depression and headaches. Ms. King diagnosed cervical spondylarthritis, occipital neuralgia, continuous opioid dependence and essential hypertension. Ms. King believed the patient would benefit from an ESI at C6-C7. A urine drug screen was ordered and the patient was encouraged to keep an active lifestyle, maintain a mild exercise routine and follow-up with her primary care physician (PCP) for her abnormal body-mass index (BMI).

On May 17, 2012, the request for ESI at C6-C7 was denied with the following rationale: *“Guidelines would indicate that to proceed with an ESI, radiculopathy must be documented by physical examination acquired by imaging and electrodiagnostic testing. The claimant must be initially unresponsive to conservative treatment. Medical records provided for review does not document on physical examination any findings of radiculopathy such as motor or sensory loss in a dermatomal pattern that would require the requested procedure. There is no documentation other than the oral medications and no documentation of conservative care including the home exercise program (HEP) or therapy have been exhausted. Based upon this information, the request for a cervical ESI at C6-C7 is not medically supported.”*

On May 31, 2012, the appeal for cervical ESI at C6-C7 was denied with the following rationale: *“The official disability guidelines (ODG) state that the purpose of ESIs is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers*

no significant long-term functional benefit. The patient reported a near 100% relief from pain from the ESI she received on 9/9/2011. However, during her most recent office visit, the patient reported that she is able to manage her pain with prescribed oral medications and is also able to complete most of her activities of daily living without assistance. The patient's MRI was negative for evidence of disc protrusion or herniation that would indicate radicular symptoms. The findings on physical examination did not document evidence of radiculopathy or weakness. As such, the request is non-certified."

On June 13, 2012, the request for electromyography/nerve conduction velocity (EMG/NCV) of the upper extremities was denied with the following rationale: *"The patient reported injury on February 14, 2002, and now has complaints of neck pain with radiation to the upper back and shoulders. Official Disability Guidelines state EMG is not necessary to demonstrate a cervical radiculopathy, but it has been suggested to confirm a brachial plexus abnormality or some problem other than a cervical radiculopathy. There was insufficient documentation to indicate the need of EMG at this time. Though the documentation indicated the patient had complaints of pain rated at 5/10 on the VAS, the patient reported improved function in daily activities and reduction in overall pain with medication use. Additionally, it is unclear based on the documentation other conservative treatments initiated to include physical therapy, home exercise program or activity modification and efficacy in terms of reducing the patient's pain and increasing function. There was insufficient objective documentation to indicate the need of EMG/NCV at this time. Furthermore, guidelines state nerve conduction studies are not recommended as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Given the above information, the request for an EMG/NCV of the upper extremities (95860, 95900, 95904, &. 95903) cannot be substantiated at this time and is therefore, non-certified."*

On July 6, 2012, Dr. wrote a letter and stated that the patient had been under his care since December 6, 2006. She suffered from cervical spondylarthritis and occipital neuralgia. She had an epidural steroid injection in the past with 100% pain relief. She would benefit greatly with another C6-C7 epidural steroid injection. She had been getting good relief with medication management but now her pain was 5 out of 10. He further added that the patient was in pain and deserved to have a repeat C6-C7 epidural steroid injection.

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

According to the ODG, radiculopathy must be documented by physical examination and corroborated by imaging studies, and or electrodiagnostic studies. In this case, the patient subjectively complained of pain that radiated to the upper back and shoulder, on her clinical visit, xx/xx/xx. However, the physical examination failed to provide any evidence of a cervical radiculopathy, such as a provocative testing, motor and sensory deficit in a dermatomal pattern, or reduced

deep tendon reflexes. Though the patient had previous success with a Cervical Epidural Steroid injection and is clearly in the therapeutic phase, cervical radiculopathy must be documented by physical examination. For this reason, the determination must be upheld.

**IRO REVIEWER REPORT TEMPLATE -
WC**

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR
OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**