

Becket Systems

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/17/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpt Cervical Selective Nerve Root Injection at C3-4 #2

A 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. The reviewer finds medical necessity is not established for Outpt Cervical Selective Nerve Root Injection at C3-4 #2.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization review findings 05/09/12

Utilization review findings 06/11/12

Preauthorization appeal request 06/04/12

Office notes Dr. 03/24/10-05/02/12

Operative report bilateral C3 and C4 selective nerve root epidural steroid injection 02/29/12

CT myelogram cervical spine 01/31/12 and 04/27/10

X-rays cervical spine 12/07/11, 09/14/11, 05/18/11, 10/20/10, 08/18/10

Operative report decompressive keyhole foraminotomy right C5-6, C6-7, decompressive foraminotomy on left C5-6, placement of lateral mass screws and vertebral body C5, C6 and C7 posterolateral fusion cervical spine, with exploration for previous fusion mass at C5-6, C6-7 08/05/10

Presurgical psychological evaluation 05/08/10

EMG/NCV 04/28/10 and 05/05/10

Consultation report Dr. 08/05/10

Office evaluation Dr. 09/12/11 and 12/13/11

Lab / drug screen report 09/22/11

MRI cervical spine 11/30/09

Report of medical evaluation / impairment rating 05/06/96

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male injured on xx/xx/xx. He was electrocuted resulting in injury to cervical spine, injury to left foot, partial amputation of left little toe, and third degree burns on left arm. The claimant underwent anterior cervical discectomy and fusion C4-7. He underwent posterior fusion for pseudoarthrosis. CT myelogram on 01/31/12 was compared to previous study of 04/27/10. This study revealed post anterior cervical fusion from C4-7 with interval performance of posterior cervical fusion at C5 and C7. There is solid anterior cervical fusion from C4-7. Facet joint screws were noted present bilaterally at C5 and C7. At C3-4 there was an interval increase in size of broad based posterior disc protrusion identified at this level. This was approximately 4mm in AP diameter and deforms the anterior thecal sac causing slight deformity of the anterior spinal cord without direct cord contact. There was no

central canal stenosis. Mild degenerative facet joint changes were seen without signs of central canal stenosis or foraminal stenosis. Selective nerve root block at C3-4 was performed on 02/29/12. The claimant was seen in follow-up on 03/14/12 status post posterior decompression foraminotomy for non-union, with good improvement after injection. He reported neck pain about 5, and no arm pain. The claimant was seen on 05/02/12 and was continuing to have a significant amount of pain. He rates it approximately 10/10. He had injection in February, which he states helped only minimally which has worn off at this point. It was felt that the issues are coming from junctional level at C3-4 proximal to previous surgeries. A repeat injection at C3-4 was recommended.

The request for outpatient cervical selective nerve root injection C3-4 number 2 was denied per utilization review dated 05/09/12 noting that the previous selective nerve root epidural steroid injection administered in 02/12 gave him minimal relief. Injections can be repeated if there is more than 50% improvement of pain associated with functional improvement for six to eight weeks. It is further noted that physical examination was not documented, particularly C3-4 radiculopathy. Also there is no evidence that the claimant was engaged in a post-injection rehab program. Medical necessity of the request was not established.

An appeal request for outpatient cervical selective nerve root injection at C3-4 number 2 was non-certified per utilization review dated 06/11/12 due to no significant relief with previous injection and the absence of any clinical findings of cervical radiculopathy.

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

The claimant sustained an electrocution injury in xxxx. He is status post anterior cervical discectomy and fusion, with subsequent posterior fusion due to pseudoarthrosis. The claimant continued with subjective complaints of neck pain with headaches; however, there were no objective findings of cervical radiculopathy consistent with C3-4 pathology. CT myelogram on 01/31/12 revealed interval increase in size of broad based posterior disc protrusion at the C3-4 level, which deformed the anterior thecal sac with slight deformity of the anterior spinal cord without direct cord contact. There was no central canal stenosis at this level. As noted on previous reviews, there are no significant findings of radiculopathy. The claimant underwent selective nerve root block bilaterally at C3 and C4 on 02/29/12. Follow-up on 05/02/12 noted the claimant stated injection in February helped only minimally. Per ODG guidelines, repeat injection should be based on continuous objective documented pain and functional response with at least 50% pain relief lasting for 6-8 weeks. Given lack of response to previous selective nerve root epidural steroid injection performed 02/29/12, the reviewer finds medical necessity is not established for Outpt Cervical Selective Nerve Root Injection at C3-4 #2.

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)