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Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW: February 20, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

A second ESI (epidural steroid injection) at C7-T1 with MAC (monitored anesthesia care) including codes 62310, 77003 and 72040.

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

M.D., Board Certified in 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 or not medical necessity exists for each of the health care services in dispute.

The requested service, a second ESI (epidural steroid injection) at C7-T1 with MAC (monitored anesthesia care) including codes 62310, 77003 and 72040, is not medically necessary for treatment of the patient's medical condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for a Review by an Independent Review Organization dated 1/30/12.

2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 1/31/12.
3. Notice of Assignment of Independent Review Organization dated 1/31/12.
4. Patient medical records from dated 10/11/11, 12/16/11 and 1/5/12.
5. Patient medical records from dated 9/23/11.
6. Authorization and appeal reviews from dated 1/12/12 and 1/20/12.
7. Peer review report from dated 10/18/11.
8. Denial documentation.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained a work related injury to his cervical spine in xx/xxxx while picking up a box. The patient was diagnosed with a cervical strain and cervical radiculopathy. The patient is status post his first cervical epidural steroid injection (ESI) at the C7-T1 level, which was performed on 12/16/11. The patient was seen in follow-up on 1/5/12, at which time he reported a 50% improvement of his neck pain, however, he continued to report numbness and tingling that was predominately affecting his right forearm into his fourth and fifth fingers. The patient also reported an increase in his ability to perform his activities of daily living (ADLs) without severe pain. A second cervical ESI at the C7-T1 level with monitored anesthesia care was recommended by the provider. This request was denied by the Carrier as not medically necessary.

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

Review of the peer-reviewed, evidenced based literature including the Official Disability Guidelines (ODG), which discuss indications for epidural steroid injection in the therapy phase, suggests that individuals can be considered candidates for repeat epidural steroid injection when they have had at least 50% pain relief for 6 to 8 weeks.

In this case, the request for a second ESI with monitored anesthesia care cannot be considered appropriate in this setting, as the most recent examination report provided is the 1/5/12 follow-up note, which was less than six weeks from the previous injection. Furthermore, there is no documented evidence that the initial injection resulted in diminished utilization of pain medication. Lastly, the evidence-based literature would not typically recommend any type of sedation and there was nothing within the records to suggest that this patient's case would require an exception. In sum, the request for a second ESI injection with monitored anesthesia care would not be considered reasonable or medically necessary. Specifically, the patient's relief was 50% at slightly beyond two weeks and there is no evidence that his pain relief was consistent for the 6 to 8 week period suggested in the Official Disability Guidelines (ODG).

Therefore, I have determined the requested service, a second ESI (epidural steroid injection) at C7-T1 with MAC (monitored anesthesia care) including codes 62310, 77003 and 72040, is not medically necessary for treatment of the patient's medical condition.

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)