



Notice of Independent Review Decision

DATE OF REVIEW: 12/22/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient Cervical Epidural Steroid Injection 62310

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

Board Certified in Physical Medicine & 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)

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.

Outpatient Cervical Epidural Steroid Injection 62310 – OVERTURNED

PATIENT CLINICAL HISTORY (SUMMARY):

The date of injury was listed as xx/xx/xx. It was documented that on the date of injury, the patient was xxxxx. While performing this activity, she started to develop difficulty with cervical pain and right upper extremity pain.

A cervical MRI accomplished on 05/24/01 disclosed findings consistent with the presence of a disc protrusion at the C4-C5, C5-C6, and C6-C7 levels. At the C5-C6 level, there was contact of the disc with the spinal cord, but there was not significant spinal cord deformity.

The patient was evaluated by Dr. on 10/27/03. On that date, it was noted that the patient was with symptoms of cervical pain and right upper extremity pain. It was also noted that there was left-sided cervical pain. It was recommended that she receive access to treatment in the form of a right C4-C5 to C6-C7 facet joint injection and it was also recommended that an electrodiagnostic assessment of the right upper extremity be accomplished.

An electrodiagnostic assessment of the upper extremities was accomplished on 11/04/03. This study revealed no findings worrisome for an active cervical radiculopathy, peripheral neuropathy, and/or a peripheral nerve entrapment syndrome.

A cervical CT scan/myelogram was accomplished on 11/18/03. The study disclosed findings consistent with disc space narrowing at the C5-C6 level. There was no evidence of severe central canal stenoses. There was evidence of a disc protrusion at the C4-C5 level.

The patient was evaluated by Dr. on 01/20/04. It was recommended that the patient receive access to treatment in the form of a cervical epidural steroid injection (ESI).

On 03/15/04, the patient underwent a cervical ESI. This procedure was performed by Dr..

On 07/14/04, Dr. reassessed the patient. It was noted that a cervical ESI provided to her on 03/15/04 did provide 100% reduction in pain symptoms for approximately three months. It was recommended that she receive an evaluation with Dr.

On 08/16/04, the patient received a cervical ESI. This procedure was performed by Dr..

Dr. assessed the patient on 03/23/05. It was noted that the cervical ESI provided to her on 08/16/04 decreased pain symptoms by approximately 100% for approximately three months. It was also noted that an electrodiagnostic assessment had been accomplished which "shows a right C6 radiculopathy." An official electrodiagnostic assessment report is not available for review with respect to this statement.

On 04/04/05, the patient received a cervical ESI. This procedure was performed by Dr..

A right shoulder MRI was obtained on 05/20/05. The study showed findings consistent with a small tear of the supraspinatus tendon and there was no evidence of a retraction of the tendon.

On 11/07/05, Dr. evaluated the patient. It was noted that she had undergone rotator cuff surgery for repair of a rotator cuff tear in July of 2005. It was recommended that she receive access to treatment in the form of a cervical ESI.

A cervical ESI was provided to the patient on 11/16/05. This procedure was performed by Dr..

Dr. evaluated the patient on 04/24/05 and it was noted that she had received "excellent sustained relief" with previous treatment in the form of cervical ESIs. It was recommended that she receive a repeat cervical ESI.

On 05/03/06, the patient received a cervical ESI. This procedure was performed by Dr..

On 01/16/07, Dr. evaluated the patient at which time it was noted that she was a participant in full time work activities. She was with symptoms of cervical pain with radiation to the right upper extremity and numbness in digits two and three on the right hand.

On 04/12/07, the patient received a cervical ESI. This procedure was performed by Dr..

On 12/20/07, the patient received a cervical ESI. This procedure was performed by Dr..

On 01/15/08, the patient received an evaluation with Dr.. It was noted that the patient was to return on an as-needed basis. There was no documentation of a focal neurological deficit.

On 10/27/08, Dr. evaluated the patient. She was with symptoms of cervical pain and right upper extremity pain. It was recommended that she receive access to treatment in the form of a cervical ESI.

On 11/06/08, Dr. provided the patient with a cervical ESI.

On 11/18/08, the patient was with symptoms of cervical pain and right upper extremity pain. It was noted that she was a participant in full duty work activities.

On 09/14/09, the patient received an evaluation with Dr. It was documented that a urine toxicology screen had been accomplished, which was consistent with her prescription medication regimen.

A cervical ESI was provided to the patient on 10/01/09. This procedure was performed by Dr.

On 10/14/09, the patient received an evaluation with Dr. It was recommended that she was to return on an as-needed basis for a “booster cervical ESI.”

Dr. assessed the patient on 03/01/10. It was noted that she was with symptoms of cervical pain with radiation to the right upper extremity, particularly to the digits two and three on the right hand. It was noted that she was still a participant in full duty work activities.

On 03/18/10, the patient underwent a cervical ESI. This procedure was performed by Dr.

Dr. evaluated the patient on 03/29/10. It was noted that she was “very happy” with the results of a recent cervical ESI.

Dr. evaluated the patient on 08/09/10. It was noted that Dr. “had stopped taking Workers’ Compensation.” It was felt that she was capable of regular duty work activities.

On 02/07/11, Dr. evaluated the patient. It was noted that she was with symptoms of cervical pain with radiation to the right upper extremity. There was evidence for decreased sensation in the right hand, but she was noted to be with good strength. It was noted that she was a participant in regular work activities.

On 04/01/11, the patient was evaluated by Dr.. It was recommended that a cervical MRI be accomplished. It was documented that cervical spine x-ray with flexion and extension views revealed findings consistent with a slight listhesis of C4 and C5. There was a large anterior osteophyte and wedging of the C5 vertebral body.

On 08/01/11, the patient received an assessment by Dr.. It was felt that she was capable of work activities with no restrictions. The patient was provided a prescription for Trazodone and tramadol.

Dr. evaluated the patient on 10/13/11. It was documented that there were symptoms of cervical pain with pain down the right upper extremity. It was recommended that the patient receive access to treatment in the form of a cervical ESI.

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

The date of injury is approximately xxxxx. The records available for review do document the presence of radicular symptoms, with a right C6 radiculopathy being verified by EMG per Dr. on xxxxx. The records available for review indicate that over time, the patient has received access to treatment in the form of cervical ESIs and such treatment has provided significant reduction in pain symptoms. It is documented that the patient is a participant in regular work activities. The records available for review would appear to indicate that the patient has been compliant with medical care provided to her in the past. The records available for review do not document the presence of any new

changes on neurological examination. For the described medical situation, based upon the records available for review, the Official Disability Guidelines would support treatment in the form of a cervical ESI. The above noted reference would support this type of treatment for the described medical situation given the fact that there are documented radicular symptoms, as well as given the fact that it is documented that such treatment has provided significant reduction in pain symptoms in the past. Additionally, it is documented that the patient is a participant in routine work activities. As a result, for the described medical situation, a cervical ESI would be considered reasonable and appropriate per the criteria set forth by the above noted reference for reasons as stated above. The Official Disability Guidelines support consideration of repeat cervical ESI provided that there is documentation to indicate that there has been a greater than 50% reduction in pain symptoms for at least six to eight weeks. In this case, the records available for review document that there has been a significantly positive response in the past to treatment in the form of cervical ESI. Additionally, given the fact that the patient is a participant in work activities, this would be considered a good prognostic sign.

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)**
- AMA GUIDES 5TH EDITION**