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Notice of Independent Review Decision

DATE OF REVIEW: 06/18/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

APPEAL OP Cervical ESI C5-6 C2-3 Right side 62318 62281 62310 62284
99144 72275

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

Board Certified Physical Medicine and Rehabilitation Physician and Pain
Medicine Physician

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was injured on xx/xx/xx when a xxxxxx the patient to the ground. On xxxxx, this patient had MRI of the cervical spine. It showed a right paracentral protruding disc with possible bone spur formation at C2-3, abutting the cervical cord. There was a broad-based bulging disc with annular tear at C5-6. No fractures were seen and no abnormal enhancement was seen. Exam was read by MD. On 01/05/2012, this patient returned to clinic. He stated he had been in physical therapy for almost a month and still had neck pain. Overall, his pain had improved. He did have visible muscle atrophy in the right lateral cervical spine and right upper extremity. Upper extremity strength was approximated at 4-/5 on muscle testing. Cervical range of motion was limited by 25% to 30%. He was re-educated in physical therapy at that time. On 03/05/2012, this patient returned to clinic. He continued to complain of neck pain going into the right and left upper extremities going down to his fingers. He stated he was injured on when a piece of scaffolding broke off and hit him in the face, knocking him off the scaffold and down onto the ground. On examination, he does have pain in the cervical region. He has right greater than the left upper extremity radiculopathy that is consistent with a C5-6 dermatomal distribution and consistent with the MRI. He has numbness and pain to the thumb and also to the arm along the C5 division. On exam, there is no muscle wasting noted and no neurological deficits noted in the upper or lower extremities. No neurological deficits are noted in the chest, abdomen, neck, or facial area. Deep tendon reflexes are normal. On 03/19/2011, a letter was submitted, requested a cervical epidural steroid injection. On 04/30/2012, this patient returned to clinic. He continued to complain of neck pain and upper extremity pain.

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

The original decision dated xxxxxx was for requested cervical epidural steroid injection at C5-6 and C2-3 on the right. The decision was non-certified. On appeal, 04/15/2012, the decision was non-certified. The rationale stated that the request was previously non-certified due to lack of clarification regarding objective findings documenting radiculopathy. There was additionally no mention of the use of fluoroscopic guidance for the procedure. Medication logs and PT progress notes were also not provided to document exhaustion of conservative care. It was stated in the appeal letter that the patient has not responded to physical therapy and medication. However, the PT progress note dated 02/03/2012 and 03/21/2012 stated the patient had improved with physical therapy. The documents provided for the appeal request did not address the previously mentioned concerns, and, therefore, the previous non-certification was upheld. The records provided for this review fail to indicate physical therapy or exhaustion of conservative care. The records also fail to document objectively

radiculopathy on clinical exam, and the records do not address performing the procedure under fluoroscopic control.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines, Neck Chapter, Online Version.

Criteria for the use of Epidural steroid injections, therapeutic:

Note: The purpose of ESI 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.

- (1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.
- (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).
- (3) Injections should be performed using fluoroscopy (live x-ray) for guidance
- (4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections.
- (5) No more than two nerve root levels should be injected using transforaminal blocks.
- (6) No more than one interlaminar level should be injected at one session.
- (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.
- (9) Current research does not support a “series-of-three” injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections.
- (10) It is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment.
- (11) Cervical and lumbar epidural steroid injection should not be performed on the same day.

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.