Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: MARCH 14, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed epidural steroid injection C7-T1

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical Medicine and Rehabilitation and is engaged in the full time practice of medicine.

REVIEW OUTCOME

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

XX Upheld (Agree)
☐ Overturned (Disagree)
☐ Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
719.41 840.9	ESI at C7-T1		Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-20 pages

Respondent records- a total of 208 pages of records received from SORM to include but not limited to: SORM letters 7.11.11-2.23.12; TDI letters 8.4.11-2.23.12; Forte letters 12.28.11, 1.11.12; Radiologics report 7.22.11; MRI L. Shoulder 6.28.11; FCE report 7.6.11, 11.11.11; Prime report left shoulder arthrogram w/post MRI 7.21.11; DD report 9.2.11; Liberty Healthcare report 10.5.11; MRI Cervical spine 12.3.11; Liberty Healthcare notes 6.15.11-2.13.12; record Dr.. 7.8.11; DWC 69 forms ; DDE report 8.18.11; request for DDE; IR report 10.5.11; Argus report 2.3.12

Respondent records- a total of 40 pages of records received to include but not limited to: PHMO Notice of an IRO; TDI letter 2.23.12; Liberty Healthcare records 10.5.11-1.3.12; Forte letters 12.28.11, 1.11.12; MRI Cervical Spine 12.3.11; Radiologics report 7.22.11

Requestor records- a total of 17 pages of records received to include but not limited to:

PHMO Notice of an IRO; Liberty Healthcare records 10.5.11-2.22.12; MRI Cervical Spine 12.3.11; Radiologics report 7.22.11

PATIENT CLINICAL HISTORY [SUMMARY]:

The medical records presented for review begin with a copy of a June 28, 2011 MRI of the left shoulder. This is a wholly normal study noting physiologic fluid in the glenohumeral joint, no evidence of a rotator cuff lesion and some mild osteoarthritis of the acromioclavicular joint. The hypertrophic changes project inferiorly contacting the superior margin of the supraspinatus.

A Functional Capacity Evaluation was completed on July 6, 2011. This was done to monitor the functional progress secondary to the chiropractic treatment plan. It was noted the claimant was taking Oxycodone and Fiorini for a chronic pain and migraine situation. The presenting complaints were to the neck, upper back and left shoulder. The mechanism of injury was noted to be a repetitive lifting event.

Dr. completed an orthopedic consultation, noted the mechanism of injury and the sharp left shoulder and scapula pain. The physical examination noted a decrease in range of motion and a slight decrease to strength. Plain films of the cervical spine were obtained on July 22, 2011, noting no acute injury, no acute fractures, degenerative ordinary disease of life changes at C5/6 and spondylosis T6 through T 10.

A Designated Doctor Evaluation was completed on August 18, 2011, and noted a normal cervical spine and thoracic spine physical examination. It was noted that maximum medical improvement had been reached and a 7% whole person impairment rating was assigned based on left shoulder range of motion functional losses. Subsequent to this evaluation the Treating Doctor completed an evaluation and felt that maximum medical improvement had not been reached.

Dr. completed an electrodiagnostic assessment and noted a normal left upper extremity study. A trigger point injection was completed in November of 2011. Another Functional Capacity Evaluation was completed in November of 2011. A cervical MRI noted minimal degenerative changes at multiple levels (no compromise of the nerve roots was reported). Dr. noted a normal upper extremity neurological examination. It was also noted that there was no radiculopathy on electrodiagnostic studies and there was no nerve compromise. An epidural steroid injection was sought. The initial and reconsideration were each not certified.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

As noted in the Division mandated Official Disability Guidelines, the standards for a cervical epidural steroid injection are:

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.

As per the progress notes offered by the requesting provider, there is no competent, objective and independently confirmable medical evidence of a verifiable radiculopathy either on physical examination, electrodiagnostic studies or MRI. There is no clinical basis for this request.

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

XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES