

MAXIMUS Federal Services, Inc.
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Notice of Independent Review Decision

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Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW: OCTOBER 31, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Cervical ESI C7-T1, Radiologic Exam, Epidurography under Fluoro w/Sedation.

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)

The requested Cervical ESI C7-T1, Radiologic Exam, Epidurography under Fluoro w/Sedation 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 10/15/12.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 10/16/12.
3. Notice of Assignment of Independent Review Organization dated 10/16/12.
4. MD progress notes dated 10/4/12, 9/6/12, 8/31/12, 8/24/12, 8/14/12, 8/6/12, 7/30/12, 7/26/12, 7/20/12, 7/18/12, 7/17/12, 7/12/12, 6/29/12, 6/19/12, 5/22/12, 4/24/12, 3/27/12, 2/28/12, 1/31/12, 1/3/12, 12/5/11, 11/7/11, 10/10/11, 9/12/11, and 8/15/11.
5. Orthopedics and Sports Medicine physical therapy pre-authorization request and Initial Self Evaluation dated 6/29/12.
6. History and physical dated 6/29/12.
7. Imaging MRI of the Cervical Spine dated 11/23/10.
8. Orthopedics and Medicine Sensory NCS dated 7/21/09.
9. Surgery pre-authorization request dated 9/19/12.
10. Texas Workers' Compensation Work Status Report dated 10/4/12, 9/6/12, 8/14/12, 7/17/12, 6/19/12, 5/22/12, 4/24/12, 3/21/12, 2/28/12, 1/31/12, 12/5/11, 11/7/11, and 10/10/11.
11. Pathology LLC, lab analysis dated 10/4/12, 7/17/12, and 2/28/12.
12. Patient Health History Form dated 6/19/12.
13. Laboratories testing dated 3/30/12.
14. Laboratories testing dated 11/9/11.
15. Spine Institute evaluation notes dated 7/18/11, 6/16/11, 5/19/11, 4/21/11, 3/22/11, 2/22/11, 1/25/11, 1/20/11, and 1/6/11.
16. Surgery Center procedure note dated 7/13/11, 4/21/10, 9/17/09, 1/30/09, and 1/7/09.
17. Medical Center at radiology imaging report dated 1/20/11.
18. Denial documentation dated 10/4/12 and 8/17/12.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female with diagnoses of cervicalgia and cervical radiculitis. Electromyography/nerve conduction velocity (EMG/NCV) testing of bilateral upper extremities performed on 7/21/09 revealed electrodiagnostic evidence for a bilateral mild median mononeuropathy at the wrists, as well as a chronic left C6 cervical radiculopathy. Magnetic resonance imaging (MRI) of the cervical spine on 11/23/10 revealed at C4-6, there were disc space narrowing, disc desiccation, and a 4 mm broad-based disc bulge creating a mild central and mild bilateral neural foraminal stenosis. At C5-6, there was evidence of a previous fusion. There was no disc herniation, central stenosis or lateral foraminal stenosis. At C6-7, there was disc space narrowing, disc desiccation, and a 4 mm broad-based disc bulge with posterior facet hypertrophic changes creating a moderate central and moderate to severe neural foraminal stenosis. A computed tomography (CT) scan of the cervical spine on 1/20/11 revealed no evidence of acute cervical spine injury but did show degenerative disc changes at C3-4, C4-5 and

C6-7. It is noted that the patient has been treated with medications as well as a cervical epidural steroid injection (ESI) on 7/13/11. On 7/18/11, the patient reported at least a 50% improvement in her cervical spine pain and she was sleeping better. The patient also indicated that her need for Soma, hydrocodone and Duragesic was reduced. However, the clinic note dated 8/15/11 noted the patient reported the pain was worse than on her previous visit.

A physical therapy evaluation on 6/29/12 and physical therapy notes submitted indicate that on 8/24/12, the patient was experiencing greater than 6/10 cervical spine pain before therapy and less than 4/10 cervical spine pain after therapy. According to the most recent clinical note dated 10/4/12, the patient continued to complain of neck pain that was rated 3/10. She reported the pain was alleviated by medications, heat, and ice. The patient reported she received at least 50% improvement from the previous ESI, which lasted about six months. Examination revealed range of motion of the cervical spine was reduced in all planes with moderate pain on range of motion. Rotation to the left was more painful than rotation to the right. Spurling's test was mildly positive with left rotation/extension. Deep tendon reflexes were noted to be 2+ at the biceps and triceps with intact sensation to light touch. Motor strength was noted to be 5/5 in bilateral upper extremities with the exception of left shoulder abduction, which was noted to be 5-/5. A cervical epidural steroid injection at C7-T1, radiologic examination, epidurography and fluoroscopy under sedation has been recommended.

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

This request for cervical ESI at C7-T1, radiologic examination, epidurography and fluoroscopy under sedation is not medically necessary based on the records provided for review. Specifically, the objective findings do not indicate the presence of a nerve root compression at the planned injection site as there was no evidence of pathology to C7-T1. While the patient indicates that she received 50% improvement from prior cervical ESI for six months, the clinical documentation indicated four weeks after the cervical steroid injection she reported her pain was worse than on her previous visit. The Official Disability Guidelines (ODG) criteria require 6-8 weeks of 50-70% pain relief. Overall, the submitted clinical information does not provide objective findings on imaging, diagnostic studies, or physical examination, that suggest the presence of a nerve root compression at the planned injection site. As such, the requested Cervical ESI C7-T1, Radiologic Exam, Epidurography under Fluoro w/Sedation is not medically indicated at this time.

Therefore, I have determined the requested Cervical ESI C7-T1, Radiologic Exam, Epidurography under Fluoro w/Sedation 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 JUDGMENT, 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)**