

CASEREVIEW

8017 Sitka Street
Fort Worth, TX 76137
Phone: 817-226-6328
Fax: 817-612-6558

Notice of Independent Review Decision

[Date notice sent to all parties]: October 12, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical Epidural Steroid Injection at the C3-4, C4-5, and C5-6 levels between 9/18/2012 and 11/17/2012.

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

This physician is Board Certified in Physical Medicine and Rehabilitation with over 16 years of experience.

REVIEW OUTCOME:

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

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

03/20/12: Daily Progress Note
03/26/12: Daily Progress Note
03/28/12: MRI Cervical Spine without contrast interpreted
04/09/12: Daily Progress Note
04/16/12: Daily Progress Note
04/16/12: EMG-NCS of the upper extremities interpreted
04/23/12: Daily Progress Note
05/29/12: Functional Capacity Assessment
07/12/12: Peer Review
08/01/12: History and Physical
08/20/12: Subsequent Medical Report
08/21/12: UR performed
08/24/12: Evaluation

09/20/12: Subsequent Medical Report
09/20/12: UR performed
09/28/12: Letter

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured when he was struck on the back of the neck. The claimant was initially seen by Dr. for pain on the back of the neck. He was recommended to use over-the-counter Motrin and was allowed to return to work at full duty. He then sought care with Dr. for ongoing neck pain and headaches with tingling referred to the left hand. He was referred for further cervical x-rays, and physical therapy. Ultram and Flexeril were prescribed.

On March 28, 2012, MRI of the Cervical Spine, Impression: 1. There is loss of hydration of the intervertebral discs at C3/4 inferiorly through C6/7 with preservation of disc height. 2. There are multilevel posterior disc herniations as described above. (Broad-based posterior disc herniation extends 4 mm posteriorly at C3/4, C4/5 and C5/6.) There is mild mass effect upon the anterior aspect of the spinal cord at C3/4 and C5/6 and mild-moderate mass effect upon the spinal cord at C4/5. No abnormal cord signal evident. 3. There is multilevel mild-moderate nerve root impingement.

On April 16, 2012, the claimant underwent an EMG/NCS of the upper extremities. Impression: There is electrophysiologic evidence most consistent with radiculopathy processes involving the left C7 and left C8 and/or T1 nerve root levels. There is also evidence consistent with a right sided distal sensorimotor median neuropathy about the wrist, probably a subclinical finding.

On May 29, 2012, the claimant underwent a FCE. Occupational demand as a laborer requires as Heavy PDL. According to the results of the FCE, the claimant was currently performing at a Medium PDL, which indicated a moderate functional deficit.

On July 12, 2012, a Peer Review was performed by MD. Dr. rendered the following opinions: 1. Based on the contested case hearing decision order, the extent of injury for the compensable event is neck contusion. 2. Treatment reasonably required and medically necessary to address the sequel of the compensable event of injury is over-the-counter anti-inflammatory and/or analgesic medications as needed.

On August 1, 2012, the claimant was evaluated by MD for a chief complain of neck pain. He also reports headaches and occasional tingling in his left hand. He reported no change in his symptoms. He reported he had been taking ibuprofen for his pain and had been going to physical therapy, which had not improved his symptoms. On physical examination he had restriction in cervical flexion and extension and rotation. There was moderate posterior cervical tenderness. Long tract signs reveal positive Hoffmann test bilaterally. He had 3-4 beats of clonus bilaterally. He was hyperreflexive in the bilateral patellar and Achilles tendon at 3-4+. He had mild weakness in the biceps, the left greater than the right side.

Sensation was decreased in the C6 distribution on the left greater than the right side. Distal pulses were palpable. Impression: Cervical sprain/strain and Cervical disk protrusion C3 through C6 with stenosis. Plan: Recommended cervical ESI.

On August 20, 2012, the claimant was re-evaluated by MD who on examination found that Romberg's test was negative. The claimant reported dizziness. There was tenderness of the occipital region upon palpation. There was tenderness of the cervical paraspinals and bilateral trapezius upon palpation. Cervical ROM was restricted. Shoulder depression test was positive on the left side. Maximum foraminal compression test was positive. There was decreased sensation of the left upper extremity. Plan: Pending CESI, continue Motrin 600 mg and Flexeril 10 mg, work with restrictions.

On August 21, 2012, DO performed a UR. Rationale for Denial: Official Disability Guidelines state that radiculopathy must be documented in order to meet criteria for an epidural steroid injection by physical examination and corroborated by imaging studies. Physical examination showed this patient complained of radiculopathy and radiculopathy was also verified by electrodiagnostic testing. A second criterion for epidural steroid injection is unresponsiveness to conservative treatment. This would include exercises, physical methods, NSAIDs, and muscle relaxants. The documentation did indicate the patient was prescribed ibuprofen and Flexeril. However, there was no indication as to the effectiveness of these medications for this patient. Additionally, the patient was prescribed physical therapy and reported he was, at that time, attending sessions. However, there was no documentation to show the number of sessions or the effectiveness of physical therapy for this patient. There was no indication of exercises that were thought to the patient in order to perform a home exercise program. Also, the patient received chiropractic care and the notes submitted did not indicate the efficacy of the treatments. Criteria also require fluoroscopy for guidance during an epidural steroid injection. There was no mention of fluoroscopy noted in the request for this ESI. Given all of the above, the documentation required to substantiate a cervical epidural steroid injection for this patient is not provided.

On August 24, 2012, the claimant was evaluated by MD who on examination found cervical ROM was markedly restricted in all planes. There was significant tightness and tenderness throughout the posterior cervical muscles bilaterally, extending from the C3 through C7 and into the upper trapezius muscles bilaterally. Foraminal compression failed to produce a clear cut radicular type pattern. The left hand was markedly weak with grip and pinch, compared to the right hand. Light touch and pinprick at C5, C6, and C7 dermatomes in the left upper extremity were much less than on the right. Impression: Cervical disc injury with radiculitis. Recommendation: ESIs, translaminar with a volume to cover multilevels in the neck, primarily at the C6-7 level which would cover most areas, otherwise transforaminal at multilevels would be appropriate.

On September 20, 2012, the claimant was re-evaluated by MD who recorded no change in his physical examination.

On September 20, 2012, MD performed a UR. Rationale for Denial: While it appears that a trail of cervical epidural steroid injection may be warranted, the request for injection at C3-4, C4-5 and C5-6 is not supported as medically necessary.

On September 28, 2012, Dr. wrote a letter stating the claimant has an HNP at C3-7 with nerve root impingement at C3-7. EMG/NCV demonstrates radiculopathy at C7 and C8/T1 on the left, and clinically the findings are consistent with radiculopathy at C5-7. The request is for CESI C3-6 with sufficient volume to cover multiple levels.

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

Denial of ESI at C3-4, C4-5, and C5-6 levels is upheld/agreed upon. ODG Neck Chapter, Criteria for the use of Epidural steroid injection, criteria #3 recommends fluoroscopic guidance and submitted information does not mention use of fluoroscopy. Submitted multiple exams, MRI and EMG are most suggestive of left C6-7 radiculopathy. However, requested levels are higher than the suspected effected level. ODG Neck Chapter criteria #5 does not recommend more than 2 nerve root level transforaminal injections and criteria #6 does not recommend more than 1 interlaminar injection in one session. However, 3 levels of injections are requested. Therefore, the request for Cervical Epidural Steroid Injection at the C3-4, C4-5, and C5-6 levels between 9/18/2012 and 11/17/2012 does not meet ODG criteria and is denied.

PER ODG:

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.

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)**