

# CASEREVIEW

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Notice of Independent Review Decision

[Date notice sent to all parties]: October 27, 2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

1 Epidural Steroid Injection at the C7-T1 Level under Fluoroscopic Guidance and Anesthesia between 9/27/2013 and 11/26/2013

**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:**

01/22/13: New Patient Evaluation  
02/11/13: Initial Evaluation  
02/18/13: Therapy Note  
02/20/13: Therapy Note  
02/21/13: Therapy Note  
02/25/13: Therapy Note  
02/27/13: Therapy Note  
02/28/13: Therapy Note  
03/04/13: Therapy Note  
03/06/13: Therapy Note  
03/07/13: Therapy Note  
03/08/13: Follow-Up Evaluation  
03/13/13: MRI of the Cervical Spine without Contrast

03/14/13: Discharge Evaluation  
03/21/13: Follow-Up Evaluation  
04/22/13: Follow-Up Evaluation  
05/22/13: Follow-Up Evaluation  
06/21/13: Follow-Up Evaluation  
07/25/13: Follow-Up Evaluation  
08/23/13: Follow-Up Evaluation  
09/20/13: Evaluation  
09/25/13: UR performed  
10/02/13: UR performed

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a male who was injured on xx/xx/xx. He experience constant pain while moving the arm. MRI revealed a full thickness tear of the supraspinatous tendon. He also had complaint of pain to the right cervical spine that occasionally radiated down his right arm to his hand.

On January 22, 2013, the claimant was evaluated for pain rated 8/10. On physical examination he had limited right shoulder ROM, positive Hawkin's and no instability. The cervical spine showed tenderness on palpation, flexion was abnormal, extension was abnormal, rotation to the right was abnormal, to the left was abnormal, lateral flexion to the left was abnormal and lateral flexion to the right was abnormal. He showed pain elicited by motion. Shoulder weakness was observed. Reflexes were normal in the upper extremities. Assessment: 1. Neck sprain. 2. Sprained right shoulder with RCT. 3. Cervical radiculopathy. Plan: Tramadol HCL 50 mg and Meloxicam 15 mg. Physical Therapy.

On February 11, 2013, the claimant had an initial physical therapy evaluation. The evaluation centered on the right shoulder.

On March 8, 2013, the claimant was re-evaluated who indicated he had finished PT and was reporting intermittent pain rated 6-7/10. No changes in examination of the cervical spine. Plan: MRI of the cervical spine, Tramadol and Meloxicam.

On March 13, 2013, MRI of the Cervical Spine without contrast, Impression: 1. C2-3 level: A broad-based right-sided disc protrusion is present. This abuts but does not deform the cervical cord. Slight right C2-3 neural foraminal narrowing noted as a result of uncovertebral spurring. 2. C3-4 level: A central disc protrusion is present. There is complete effacement of the ventral and dorsal subarachnoid space and slight flattening of the ventral cervical cord. Central spinal stenosis at C3-4 is mild. No evidence of C3-4 neural foraminal narrowing. 3. C4-5 level: A diffuse central disc protrusion is present. This completely effaces the ventral and dorsal subarachnoid space and flattens the ventral cervical cord. Central spinal stenosis at C4-5 is mild to moderate. Right-greater-than-left C4-5 neural foraminal narrowing noted. 4. C5-6 level: A diffuse central disc protrusion is present. This completely effaces the ventral and dorsal subarachnoid space and flatten the ventral cervical cored. Central spinal stenosis is mild to moderate. No evidence of C5-6 neural foraminal narrowing. 5. C6-7 level: A diffuse C6-7

disc protrusion is present. There is only partial effacement of the ventral and dorsal subarachnoid space, but there is slight flattening of the ventral cervical cord. Central spinal stenosis at C6-7 is mild. Left-sided C6-7 neural foraminal narrowing is suspected as a result of uncovertebral spurring. 6. C7-T1 level: A small diffuse central disc protrusion is present. This does not abut or deform the cervical cord. No evidence of central canal or neural foraminal narrowing.

On May 22, 2013, the claimant was re-evaluated who reported was recommending surgery for the right shoulder, including RCR, SAD and distal clavulectomy, however, the carrier was not certifying. The claimant's pain was reported to be at a 9. On examination of the cervical spine, there was tenderness on palpation and ROM was abnormal in all planes.

On July 25, 2013, the claimant was re-evaluated who reported the claimant received approval for shoulder surgery. Pain level was reported to be 9/10. There was no change on the cervical examination. Plan: Continue with Tramadol and Meloxicam.

On August 23, 2013, the claimant was re-evaluated who reported the claimant was requesting his cervical spine injury be addressed prior to considering right shoulder surgery. Claimant reported intermittent pain at a level of 9/10. Pain reported to be worse throughout the day and the medications do not help the pain. No change in cervical examination. Shoulder weakness was observed. Upper extremity reflexes were normal.

On September 20, 2013, the claimant was evaluated for his neck pain. Complaints were reported to be, headache, neck pain on both sides with right worse than left. No neck pain in trapezius and not sudden onset. Neck pain increased by head movement, by coughing, by sneezing, relieved by immobilizing the head, and radiating down the right arm. Neck pain does not radiate down the left arm. Neck pain radiating up the back of the head and to the right shoulder. Neck pain causing inability to sleep. On physical examination the cervical spine showed tenderness on palpation of the spinous process of the C5, of the C6, of the C7, of the transverse process of C2 bilaterally, of the C3 bilaterally, of the C4 bilaterally. Flexion, extension, rotation of the right and left, lateral flexion to the left and right were all abnormal. He shoulder pain elicited by motion and had a foraminal compression test which caused pain to radiate to the right arm with the head rotated to the right. There was decreased response to tactile stimulation of the radial forearm, thumb, and index finger (C6) of the right arm only. No decreased response to stimulation by vibration. No shoulder, elbow, forearm, wrist, or finger weakness was observed. Upper extremity reflexes were normal. Plan: stated the claimant's H&P was consistent with a combination of discogenic and right shoulder injury mediated pain. He recommended a C7-T1 ESI.

On September 25, 2013, performed a UR. Rationale for Denial: Although the report documents positive clinical and imaging findings that may support the request, objective evidence that the patient has been unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle

relaxants) specifically for the neck and upper back is not noted. The physical therapy reports provided dated 2/11/13 and 3/14/13 addressed the full thickness rotator cuff tear of the patient's shoulder. With these, the medical necessity of the request is not established.

On October 2, 2013, performed a UR. Rationale for Denial: Although the patient has findings of cervical radiculopathy, failure of recent conservative care with exercises and Physical Therapy for the cervical spine is still not documented. In agreement with the previous determination, the medical necessity for the request has not been established.

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

The previous denial for C7-T1 ESI is upheld/agreed upon since there has not been a trail of conservative care in the form of physical therapy/exercise dedicated to the cervical spine. The request for 1 Epidural Steroid Injection at the C7-T1 Level under Fluoroscopic Guidance and Anesthesia between 9/27/2013 and 11/26/2013 does not meet ODG guidelines and therefore 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)**