

Independent Reviewers of Texas
4100 West Eldorado Pkwy #100-373
McKinney TX 75070
independentreviewers@hotmail.com
Phone: 469-218-1010
Fax#: 469-374-5862

Notice of Independent Review Decision

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement

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

Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

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

X Overturned (Disagree)

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:

11/02/2012, MRI of the cervical spine
11/19/2012, MRI report, lumbar spine
01/09/2013, Electrodiagnostic test
01/10/2013, Daily progress note
01/22/2013, Daily note
01/23/2013, Daily note
01/24/2013, Daily note
01/31/2013, Daily note
02/04/2013, Daily note
02/07/2013, Daily note

02/25/2013, Daily note
02/26/2013, Daily note
08/06/2013, Evaluation
08/15/2013, Utilization review determination
08/30/2013, Orthopedic report
09/11/2013, Utilization review determination
08/12/2013, Precertification request, Orthopedics

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient is a male who had an MRI of the cervical spine on 11/02/2012. This exam revealed mild to moderate canal narrowing at C4-5 and C5-6 due to dorsal osteophytes and annular disc bulging. Both were asymmetrically worse on the left. No cord compression was noted in the cervical spine. There was borderline canal narrowing at C3-4, due to subtle spondylosis and annular disc bulging, but no significant canal stenosis was seen at C2-3, C6-7, and C7-T1. The left C5-6 neural foramen was moderately-severely necrosed upon due to a left uncovertebral osteoarthritis. There was no focal soft disc herniation identified. Exam was read. On 01/09/2013, electrodiagnostic studies were performed, but these were of the lower extremity. On 01/10/2013, 01/22/2013, 01/23/2013, 01/24/2013, 01/31/2013, 02/04/2013, 02/07/2013, 02/25/2013, and 02/26/2013, this patient was seen for chiropractic care. On 08/06/2013, this patient was seen. On exam there was an antalgic gait encompassing her gait. Muscle strength testing in the upper extremities was rated at 5/5 with exception of the left biceps abductor digiti, which was rated at 4/5. Reflexes were all rated at 2/4 symmetrically and sensation was decreased in the left C6 distribution. Request for cervical ESIs using fluoroscopic controls was made at that time. On 08/15/2013, a utilization review determination for this request was non-certified, as the EMG showed only a possible radiculopathy and there was lack of significant evidence of radiculopathy, as MRI showed no herniated disc and no nerve impingement. Therefore, the request was non-certified. On 08/30/2013, this patient returned to clinic with further evaluation and the MRI films were reviewed, indicating there was a sizable disc herniation present. It was at the C5-6 level with some cord contact and physical exam findings revealed decreased sensation and decreased motor strength, as well as reflex changes. Cervical epidural steroid injection was again recommended. On 09/11/2013, utilization review determination held that information had been received and determination would be made.

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

The original determination dated 08/15/2013 indicated that there was lack of significant EMG findings and lack of MRI findings to objectively document cervical radiculopathy. There was no peer-to-peer to modify the request for a lysis, as there is no documented scar tissue in the cervical spine per the MRI to require lysis, the entire request was non-certified. The records provided for this review

include the MRI of the cervical spine dated 11/02/2012. At the C5-6 level, the left neural foramen was moderately to severely encroached secondary to a left uncovertebral osteoarthritis. No focal soft disc herniations identified. There was mild to moderate canal narrowing at C5-6 due to dorsal osteophytes and an annulus disc bulge, but asymmetrically was to the left, no cord compression was seen. Electrodiagnostic studies provided for this review were of the lower extremities and did not objectively document radiculopathy. Physical exam of 08/06/2013 revealed that there was 4/5 strength of the left abductor digiti and sensation was decreased in a C6 distribution to the left. Official Disability Guidelines indicate that radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic studies and there should be initial unresponsiveness to conservative care, such as exercise, physical methods, NSAIDs, and muscle relaxants. No more than 2 nerve root levels should be injected using transforaminal blocks. The submitted records indicate that there is radiculopathy on clinical exam that correlates with the C5-6 level. The MRI reveals left C5-6 neural foraminal moderately severely encroached upon secondary to left uncovertebral osteoarthritis, but there is no focal soft disc herniation observed. This patient has had chiropractic care at Pain and Recovery Clinic of North Houston. As there is documented radiculopathy and the neural foramen is encroached upon at left C5-6 level, Official Disability Guidelines criteria have been met.

IRO REVIEWER REPORT TEMPLATE -WC

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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

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.