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Notice of Independent Review Decision

Date notice sent to all parties:

January 28, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Injection, anesthetic agent and/or steroid, transforaminal epidural steroid with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level

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

Board Certified in Physical Medicine and Rehabilitation

REVIEW OUTCOME:

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

☐ **X** 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: CT myelogram of the cervical spine dated 05/12/2008; physical therapy notes dated 06/11/2008, 06/27/2008, and 11/16/2008; clinical notes dated 08/03/2008, 11/16/2011, 12/07/2011, 01/31/2012, 03/07/2012, 04/12/2012, 05/03/2012, 05/16/2012, 08/13/2012, 11/07/2012, 11/29/2012, and 12/13/2012, MRI of the cervical spine dated 05/03/2012, letter dated 01/16/2013; prior reviews dated 10/30/2012, 11/14/2012, 12/03/2012, 12/10/2012, and 12/19/2012.

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who reported an injury on xx/xx/xx. The patient underwent a CT myelogram of the cervical spine on 05/12/2008 that revealed findings of fusion at C4-5, C5-6, and C6-7. The note

reported that the allograft appeared fully incorporated at C4-5 with only anterior osseous incorporation at C5-6 and near complete incorporation at C6-7. Physical therapy discharge summary dated 07/16/2008 reported the patient had completed 14 sessions of care. The clinical note dated 08/28/2008 reported the patient was being discharged from a comprehensive rehabilitation program. The patient was noted to have made significant benefit and gains. The clinical note dated 11/16/2011 reported the patient complained of low back and neck pain along with numbness and tingling. The clinical note dated 04/12/2012 reported the patient had an average of 4/10 to 6/10 pain, predominantly on the left side of his neck. Physical examination revealed restricted range of motion of the cervical spine, tenderness to palpation, left shoulder weakness, atrophy throughout the left upper extremity, mildly positive Spurling's on the left, diminished left upper extremity reflexes compared to the right, and decreased sensation throughout the left upper extremity in comparison to the right. The patient was recommended for a repeat MRI. MRI of the cervical spine dated 05/03/2012 revealed findings of moderate disc desiccation at C2-3 without focal stenosis or disc bulge/protrusion. At C3-4, the patient had marked loss of disc height and disc desiccation with a 3 mm broad-based posterior disc protrusion, bony osteophytic ridging, significant uncinate hypertrophy, marked left foraminal stenosis, high-grade central spinal stenosis, and mild right foraminal narrowing. At C4 through C7, the patient was noted to have mild narrowing of the central spinal canal and postsurgical changes to include fusion. Followup on 05/16/2012 reported the patient was recommended for artificial disc replacement at C3-4. Note reported if artificial disc replacement could not get approved, then fusion would be recommended. The clinical note dated 08/13/2012 reported the patient was recommended for cervical epidural steroid injection at C3-4. Utilization review on 10/30/2012 reported the request for cervical epidural steroid injection with IV sedation was non-certified. Rationale included no specific level and guidelines not recommending IV sedation. The report also stated results of prior injections were not clearly defined. Followup on 11/07/2012 reported the patient continued to complain of left arm and neck pain. The patient also complained of severe headaches with occasional blurry vision. The patient was again recommended for left C3-4 transforaminal injection. The utilization review dated 11/14/2012 reported the request was denied, as there was lack of documentation of conservative care and no rationale for the requested sedation. The claimant was seen on 11/29/2012 and reported the patient had ongoing pain complaints. The provider stated he wanted to do an injection at the left C4 nerve root to assess the patient's response. Therefore, the patient was recommended for a left C4 selective nerve root block for diagnostic evaluation. Utilization review on 12/03/2012 reported the request for left C3-4 transforaminal epidural steroid injection was again denied. Utilization review on 12/10/2012 reported the request for a left cervical selective nerve root injection at C4 with sedation was noncertified, as there was no documentation of the nature or results of previous injections mentioned in the 05/16/2012 note. Followup on 12/13/2012 reported the patient continued to have ongoing left-sided neck pain radiating to the left shoulder. The patient was again recommended for left C4 selective nerve root block with IV sedation. Utilization review on 12/19/2012 reported the request was again noncertified due to lack of documentation of recent conservative modalities and no

support for IV sedation. Letter from the patient's spouse dated 01/16/2013 reported the patient had prior cervical epidural steroid injections in 2008 that helped. The note reported that the patient “hurts too bad” to go to physical therapy, even with medications. The letter reported that the patient was being recommended for surgery, but wanted to undergo injections. The letter also stated that the patient becomes fairly anxious when he is about to have an injection.

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

The request for left C4 selective nerve root block continues to be non-certified. The documentation submitted for review indicates the patient has undergone prior C4-7 fusion. Updated imaging reveals that the patient has posterior disc protrusion with marked left foraminal stenosis and central spinal stenosis at C3-4. The patient is being recommended for a left C4 selective nerve root block. However, practice guidelines recommend selective nerve root block to help evaluate radicular pain generator when physical signs and symptoms differ from that found on imaging studies. The documentation submitted for review indicates that the patient's symptoms correlate with imaging findings. Furthermore, notes indicate that the prior injections have “helped.” There is no documentation of specific duration of pain relief and percentage of relief. As such, this reviewer agrees with the prior denials in this case.

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**

Official Disability Guidelines, Neck and Upper Back Chapter, On-Line Edition.

Epidural steroid injections, Diagnostic.

1) To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below:

2) To help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies;

3) To help to determine pain generators when there is evidence of multi-level nerve root compression;

4) To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive;

5) To help to identify the origin of pain in patients who have had previous spinal surgery.