



Notice of Independent Review Decision

January 30, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Selective Nerve Root Block C6, Left 64479

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

American Board of Orthopaedic 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)

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:

- 7-2-12 Physical Therapy Evaluation.
- 8-6-12 office visit.
- 8-13-12 Physical Therapy Evaluation.
- 8-23-12 office visit.
- 8-23-12 EMG-NCV.
- 9-14-12 Physical Therapy Evaluation.
- 10-1-12 office visit.
- 12-5-12 office visit.
- 12-10-12 office visit.
- 12-10-12 Letter.
- 12-10-12 Letter.
- 12-10-12 Medical Review.
- 1-10-13 Medical Review.

PATIENT CLINICAL HISTORY [SUMMARY]:

7-2-12 Physical Therapy Evaluation.

8-6-12 the claimant presents with neck pain and arm pain located on the left side that has been going on for 3 to 6 months and was caused by fall or other injury. Was diagnosed with a tear in her rotator cuff tendon, was referred over here because they believe she is also having neck problems. She was doing some heavy lifting above her head when she was injured. The claimant suffered a lifting injury on the job on or about xx-xx-xx. Her main complaint is been some neck and upper left arm pain that she continued to work she's developed more distal dysesthesia injection does more into an ulnar distribution, She then has some intermittent dysesthesia in the left face. She had MRI imaging done in April of the cervical spine which revealed a left paracentral herniation at C5-6. A shoulder MRI revealed a chronic labral tear and mild partial supraspinatus pathology but this was apparently not felt to be clinically relevant by a couple of orthopedists both of whom had done shoulder injections but she reports really did nothing for her pain for some reason physical therapy has been denied thus far. The evaluator has been asked by her treating doctor to evaluate her and make further recommendations. Assessment: Chronic

neck pain with left arm radiculitis with left disc herniation at C5-6. Plan: The claimant was warned against the signs and symptoms of myelopathy and progressive radiculopathy and the emergency these would represent. At this point, there is no surgical emergency. The claimant is clearly overdue for physical therapy as she is now approaching 6 months out from her injury on not sure why she would've been denied in the past other than that there was a contested injury-diagnosis. The claimant was instructed in the importance of a good home exercise program for chronic maintenance of the spine and for secondary spine pain prevention. Obviously her hand symptoms are also not consistent with a C6 distribution and she does have some reproduction with Tinel sign at the cubital tunnel, the evaluator is recommending electro diagnostic testing to rule this out as a potential contributor. Can also access for any axonal injury. The evaluator added Lyrica to see if this will help with the neuropathic component of her pain. The evaluator will see her back for electro diagnostic testing to consider diagnostic injections depending on what this reveals on how she does with therapy. The claimant will follow-up with the primary care physician (and other providers) for ongoing health maintenance needs and management of her other medical conditions.

8-13-12 Physical Therapy Evaluation.

8-23-12 the claimant presents with arm and hand numbness located on the left side. The claimant has had 2 sessions of physical therapy which have helped her. She continues to have burning in the left trapezius and then pain down the outer aspect of the arm that goes into the entire hand. She is reporting less numbness in the ulnar aspect of the hand and she was at her previous visit. She tried Lyrica but had excessive sedation and "drunk" feeling so discontinued it. She has been tolerating light duty. Assessment: Chronic neck pain with left arm radiculitis with left disc herniation at C5-6. Plan: The evaluator reviewed with Melanie her normal electro diagnostic results today. Specifically, there is no evidence of carpal or cubital tunnel syndrome that would otherwise explain her hand symptoms and she does not have evidence of axonal injury. This would suggest that her arm symptoms are due to irritation of the C6 nerve root but that it is not being damaged. She is therefore unlikely to develop any significant clinical weakness or atrophy and there is not any surgical urgency. She was relieved to hear this. The evaluator changed her to Gabapentin and see if she tolerates this better and added Skelaxin a mild muscle relaxer that she can hopefully take during the day. She will finish out her physical therapy and transition to a home exercise program. If she fails to improve, will consider a C6 selective block for further diagnostic/therapeutic purposes. She will continue her current work restrictions and the evaluator will advance as tolerated. The evaluator will see her back in about a month for repeat evaluations sooner if needed. The claimant will follow-up with the primary care physician (and other providers) for ongoing health maintenance needs and management of her other medical conditions. The claimant was prescribed Gabapentin, Skelaxin. Problems added in today's visit: Cervical HNP, cervical radiculopathy syndrome.

8-23-12 EMG-NCV showed normal nerve conduction studies of the left upper

limb(s). Normal needle EMG findings in the tested muscles of the left upper limb(s) and cervical paraspinals. Normal study. There is no electro diagnostic evidence of a disorder involving the lower motor neurons or muscles of the left upper limb(s) and cervical paraspinals. These findings and the recommendations below were discussed with the claimant.

9-14-12 Physical Therapy Discharge.

10-1-12 the claimant returned for follow-up after PT. The claimant states she still feels the same. The claimant has finished physical therapy, is doing a home exercise program and continues to do light duty restrictions at work although she states that she is certainly doing more than what her restrictions state. She is still having 6/10 pain radiates from the neck down the arm to about the mid forearm laterally. Assessment: Chronic neck pain with left arm radiculitis with left disc herniation at C5-6, left rotator cuff syndrome. Plan: The claimant will continue with her home exercises and light duty restrictions at work. The evaluator again discussed a C6 selective block for further diagnostic/therapeutic purposes. She has had 2 subacromial injections that did not offer her relief. If she has substantial relief from this injection and is likely that all of her symptoms are emanating from the neck. She is interested in doing a trial of chiropractic and the evaluator will request this to be done. The evaluator will see her back in about a month for repeat evaluation, sooner if needed.

12-5-12 the claimant presents with neck and left arm pain. The claimant presents in follow-up today with her brother. She has completed about 8 sessions of chiropractic which has helped some. She had a C6 selective block done 3 or 4 weeks ago and reported 4 days of complete relief followed by gradual return of her symptoms which she now rates as about a 5/10. She has been working full duty since the injection but is not tolerating the lifting/carrying required of her. She is doing her home exercises and at this time has not tolerated any medications. Assessment: Chronic neck pain with left arm radiculitis with left disc herniation at C5-6, left rotator cuff syndrome. Plan: The claimant was warned against the signs and symptoms of myelopathy and progressive radiculopathy and the emergency these would represent. At this point, there is no surgical emergency. The claimant would like to proceed with a second epidural injection to see if we can extend the relief that she has had, ultimately to try to avoid surgery. As she is now almost 10 months out from her injury, however, the evaluator does recommend surgical consultation to least give her a formal opinion and assessment by a spine surgeon in case she does continue to have persisting symptoms despite repeated injections. The evaluator wrote for light duty restrictions. She will continue with her home exercises. The claimant was instructed in the importance of a good home exercise program for chronic maintenance of the spine and for secondary spine pain prevention. The evaluator will see her back after the second ESI, sooner if needed. The claimant will follow-up with the primary care physician (and other providers) for ongoing health maintenance needs and management of her other medical conditions.

12-10-12 the claimant is here today for a surgical consult for her neck pain that began on 2-16-12 as a work injury. She has had a left C6 SNRB which gave her 100% pain relief for 4 days and has continued to provide some partial but incomplete pain relief thereafter. Her pain is slowly returning to baseline. The claimant states on 2-16-12 she was lifting something at work when she noted acute left shoulder and neck pain. She had 2 shoulder injections in the coming months without benefit. Subsequent MRI in 4/2012 of the cervical spine showed a large left paracentral C5-6 disc herniation. She denies bowel or bladder dysfunction or difficulties with balance. She has noticed some difficulties with fine motor control in her left hand when her pain flares up. It is exacerbated by lifting heavy objects and ameliorated by rest. Current medications: Nexium, Xanax, Hydrocodone, Lyrica, Gabapentin, Skelaxin. Assessment: Large left paracentral cervical disc herniation at C5-6 with left C6 radiculopathy. 100% initial pain relief following C6 selective nerve block on the left but pain relief is fading in the weeks since her injection. Problems added in today's visit: Bursitis, acromioclavicular, cervical HNP, cervical radiculopathy syndrome. Plan: The evaluator counseled the claimant that her C5-6 disc herniation is fairly large and that it seems as though she has essentially failed non-operative-conservative management at this point. The evaluator thinks that it is reasonable to repeat another C6 left selective nerve root block as she got significant relief from the first one. If this does not provide durable relief, however, the evaluator thinks that she would be a good surgical candidate given the fact that she has had pain clearly coming from the C6 nerve root compression for about 10 months. Surgery would be an anterior cervical discectomy and fusion with plate fixation at C5-C6. The claimant wishes to proceed with repeat cervical injection and they have ordered this. The evaluator will see her back in 2-3 weeks following her injection to reevaluate her symptoms. All questions were addressed and answered to her satisfaction.

12-10-12 the evaluator noted that he spoke regarding his request for his second selective block for the claimant. He reviewed the ODG criteria necessitating 6 weeks of 50% or better relief in order to warrant a second injection. At this point the claimant is 4-5 weeks out and the evaluator's argument is that he is hoping to obviate the need for surgery and there is literature evidence to support doing multiple injections for this purpose. The reviewing physician would like for her to have her formal consult with a spine surgeon first and perhaps resubmit after the 6 week mark.

12-10-12 the evaluator noted that he have received a peer review opinion regarding the claimant performed recently. In his review, he opines that the claimant's injury is limited to a shoulder strain-sprain. In the evaluator's assessment, it is fairly clear of the claimant's injury is a discogenic neck injury with radiculitis into the arm. This can often have secondary shoulder dysfunction which can be erroneously interpreted as a primary shoulder injury although she may have a component of a shoulder injury as well. She has recently had a cervical selective block with great resolution of symptoms, again supporting that this is in fact the site of injury particularly since she had 2 shoulder injections with little to no relief. It does not appear that had the post

injection visit record so could not review her response to the selective block and perhaps this information may change his opinion.

12-10-12 performed a Medical Review. It was his opinion as per medical report dated 12-5-12, the claimant complains of neck and left arm pain with a scale of 5-10. On examination, the claimant has some difficulty acquiring a full, upright position when getting out of the chair. Cervical spine exam reveals tenderness on elevator scapulae, trapezius and scalenus muscles with discomfort on forward reaching and abduction of shoulders. Spurling's sign is positive on the left. Weakness is noted on left wrist flexors, possibly related to pain. The claimant is diagnosed with chronic neck pain with left arm radiculitis with left disc herniation at C5-6 and left rotator cuff syndrome. The provider is requesting for selective nerve root block at C6, left 64479. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines; this request for Selective Nerve Root Block C6, Left 64479 is not certified.

1-10-13 performed a Medical Review. It was his opinion that the reconsideration of our medical determination regarding treatment ordered on behalf of the claimant was received on 12-12-12. The reconsideration was referred to a board certified Specialty Advisor, who was not involved in the original review determination. The review of this reconsideration has been completed. After careful review of all available information, our Specialty Advisor has determined that the proposed treatment does not meet medical necessity guidelines. The detailed report is included as an attachment to this letter. The principal reason for the determination for non-certification is as follows: The proposed treatment plan is not consistent with our clinical review criteria. The evaluator is unable to recommend the proposed treatment. The claimant has a disc herniation. There was selective nerve root block. The claimant had less than 50 percent pain relief for less than 6 weeks. There was 100 percent relief for 4 days but pain was rated at 5-10 3-4 weeks after the injection. There was inadequate objective improvement per the records to indicate medical necessity for an additional ESI per the evidence based guidelines.

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

Based on the review of the available medical records, an additional one time SNRB (selective nerve root block) on the left at C5/C6 would be reasonable. There is documented objective disc pathology in the cervical spine that is consistent with the clinical complaints. The claimant had a good response to prior SNRB. Although claimant's clinical course might not follow exactly the ODG Guidelines, clinical experience and judgment should also be considered.

Therefore, the request for a selective Nerve Root Block C6, Left 64479 is reasonable and medically indicated.

PER ODG 2012 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)**