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Notice of Independent Review Decision

[Date notice sent to all parties]:

01/29/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Cervical ESI C2-3, C3-4, C4-5, 62318 77003

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: Board Certified PM&R; Board Certified Pain Medicine

REVIEW OUTCOME:

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

Upheld (Agree)

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Clinical notes dated 06/17/96, 08/09/96, and 09/11/96

MRI cervical spine dated 09/12/96

RME dated 09/30/97 and 05/18/99

MRI lumbar spine dated 10/03/97

Impairment rating dated 04/01/98

Surgical report dated 04/29/99

Procedural note dated 08/12/99

Operative reports dated 05/09/00, 05/16/00, 05/23/00, 11/16/00, 12/12/00, 12/19/00, 01/04/01, 07/03/01, 08/07/01, 08/14/0, 08/22/02, 09/03/02, 09/10/02, 09/24/02, 05/13/03, 05/20/03, 09/02/03, 09/09/03, 09/16/03, 02/17/04, 04/15/04, 07/07/05, 03/14/06, 03/27/07, 04/24/07, 08/06/07, 12/10/07, 12/17/07,

Clinical notes dated 04/10/00, 07/29/02, 08/08/02, 07/22/03, 08/21/03, 09/24/03, 12/18/03, 12/30/03, 02/16/04, 03/01/04, 04/19/04, 05/08/04, 05/18/04, 08/03/04, 10/05/04, 02/16/05, 05/23/05, 10/11/05, 01/30/06, 02/23/06, 04/06/06, 10/18/06, 01/29/08, 09/10/08, 02/15/09, 06/23/09, 08/20/09, 10/08/09, 01/05/10, 10/20/10, 11/18/10, 03/16/11, 07/11/11, 09/06/11, 11/28/11, 12/19/11, 01/09/12, 01/28/12, 02/15/12, 03/07/12, 04/18/12, 05/09/12, 05/30/12, 06/20/12, 07/11/12, 08/01/12, 08/22/12, 09/12/12 10/03/12, 10/24/12, 11/08/12, 11/29/12, 12/19/12, 01/09/13

Previous utilization reviews dated 11/13/12 and 01/08/13

Record review dated 07/05/03

CT myelogram dated 11/30/04

Cover sheet and working documents

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reported an injury regarding her cervical spine. Per clinical note dated 09/11/96, the patient stated that the initial injury occurred when she was involved in a motor vehicle accident. The patient subsequently had neck pain as well as right upper extremity pain. The patient also noted occasional back and hip pain as well. Upon exam, the patient was able to demonstrate full range of motion throughout the cervical region. Paraspinal spasms were noted as well. Radiation of pain to the right upper extremities and all the way to the fingers was noted. No motor weakness was noted in the upper extremities. Reflexes were noted to be normal. The operative report dated 04/15/04 details the patient undergoing an intrathecal pump implantation. The clinical note dated 11/29/12 details the patient presenting for a refill of the pain pump. The patient is noted to be utilizing 37.5mg of Suvanetil per day. The clinical note dated 12/19/12 details the patient continuing with complaints of neck and low back pain. The patient's pain was noted to be maintained adequately with a pain pump as well as the use of Hydrocodone. The patient was also noted to have presented for a pump refill at that time. No changes were noted in the patient's pain medication administration via the pain pump. The clinical note dated 01/09/13 details the patient presenting for a pump refill with no significant changes in her pain medication.

The utilization review dated 11/13/12 resulted in a denial for an epidural steroid injection at C2-3, C3-4, and C4-5 secondary to a lack of information regarding the patient's response to previous conservative treatments, a lack of information regarding the patient's radiculopathy component, and requested levels which exceed guideline recommendations.

The utilization review dated 01/08/13 resulted in a denial secondary to a lack of information regarding the patient's symptomology indicating a radiculopathy component as well as a lack of information regarding the patient's completion of conservative treatment. Additionally, the request for a 3-level procedure was found to exceed guideline recommendations.

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

The request for a cervical epidural steroid injection at C2-3, C3-4, and C4-5; 62318 and 77113 is non-certified. The documentation submitted for review elaborates the patient complaining of a long history of cervical region pain. The Official Disability Guidelines recommend an epidural steroid injection in the cervical spine provided the patient meets specific criteria to include specific findings indicative of a radiculopathy component in the appropriate distribution as well as imaging studies confirming the patient's neurocompressive findings. There is a lack of information regarding the patient's specific findings related to a radiculopathy component in the C2, C3, C4, or C5 distribution. Additionally, there is a lack of recent imaging studies confirming the patient's neurocompressive findings. Furthermore, the request for a 3-level procedure exceeds guideline recommendations which recommend that no more than 2 levels be injected at a time. Given the lack of information regarding the patient's significant clinical findings, the lack of information regarding the patient's imaging studies confirming neurocompressive findings, and the fact that 3 levels are being requested, this request does not meet guideline recommendations. As such, the documentation submitted for this review does not support the request at this time.

IRO REVIEWER REPORT TEMPLATE -WC

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

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.