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Notice of Independent Review Decision

Date notice sent to all parties: 12/21/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

C6-C7 epidural steroid injection (ESI) with fluoroscopy and IV sedation

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

Board Certified in Orthopedic Surgery
Fellowship Trained in Spinal 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.

C6-C7 ESI with fluoroscopy and IV sedation - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

On 01/25/12, cervical x-rays revealed status post discectomy and anterior interbody fusion at C4-C5 and C5-C6 with no radiographic evidence of complication. There was mild degenerative spondylosis and disc space narrowing at C6-C7 and C7-T1. A cervical CT myelogram dated 02/09/12 revealed status post interbody fusion at C4-C5 and C5-C6 with what appeared to be a foci of solid interbody fusion. There was multilevel cervical spondylosis and the canal was borderline narrowed at C2-C3 and mildly narrowed at C3-C4 secondary to posterior disc protrusions. There was mild indentation of the ventral cord at C3-C4. At C7-T1, there was a posterior disc osteophyte complex with what appeared to be a left paracentral/left foraminal disc protrusion that appeared to cause at least moderate left foraminal stenosis. Clinical correlation for a C8 radiculopathy was suggested. Dr. examined the patient on 04/12/12. Her cervical fusion was done in 2001. Cervical range of motion was 50% of normal. The reflexes were 0 in the bilateral upper extremities and weakness graded at 3/5 on the left. Film review was done. Dr. noted he strongly disagreed with the recommendation for a C3-C4, C6-C7, and C7-T1 fusion. He felt the fact that the patient stated she could not work due to pain, she took pain medications infrequently, was not taking any anti-inflammatories and overall her patterns of behavior did not add up to the indications for pancervical arthrodesis. Her recommended selective nerve root injections prior to a surgical procedure. Dr. examined the patient on 07/20/12. Her medications were Tramadol/APAP and Tylenol ES. She had received a cervical ESI in 2010 with short term improvement. She described dizziness and vertigo and numbness and tingling in the left arm. Cervical range of motion was reduced due to pain. Motor strength was normal throughout the upper extremities. She had decreased sensation in the left hand and fingers. Selective nerve root injections at C3-C4, C6-C7, and C7-T1 on the left was recommended. Dr. initially examined the

patient on 10/02/12. Left rotation was 30 degrees and she had moderate cervical tenderness. She had decreased pinprick sensation in the C6 distribution on the left. An ESI at C7-C8 was recommended. Gabapentin and Zanaflex were prescribed. On 10/18/12, Dr. noted he spoke with Dr. who noted the patient had an ESI two years prior with no benefit and the requested ESI was not approved. Dr. felt the patient needed the ESI to avoid suffering from chronic pain syndrome. He noted they wanted to avoid a surgical procedure. On 10/19/12, provided an adverse determination for the requested ESI at C6-C7 and C7-T1. On 11/05/12, Dr. reexamined the patient. Left rotation was 40 degrees and she could put her chin to her chest with a reproduction of her pain. He noted the patient had radiculopathy and Zanaflex and Tramadol was helping her pain. He felt as the patient had failed conservative treatment, the ESI was appropriate. On 12/11/12, provided another adverse determination for the requested ESI at C6-C7 under fluoroscopy with IV sedation.

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

The CT myelogram performed on 02/09/12 does not indicate that there is substantive neurological compression of the spinal canal. There are no objective neurological findings, either from Dr. or from the requesting anesthesiologist, Dr. based on the documentation reviewed at this time. She has a history of 11 years of symptoms that have not been relieved in the past. It is not clear that there has been any substantive change from the current injury for which invasive treatment would be necessary. There is evidence of symptom magnification with gross left sided weakness and non-anatomical findings. Furthermore, the claimant has had a previous cervical ESI that did not provide long standing relief. Therefore, the claimant does not meet the recommendations of the Official Disability Guidelines (ODG) for an ESI and therefore, the requested C6-C7 ESI with fluoroscopy and IV sedation would not be reasonable or medically necessary and the previous adverse determinations should be upheld at this time.

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)