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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:
Dec/21/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Cervical ESI at C6/7 with fluoroscopy and IV sedation

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

REVIEW OUTCOME:

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

[X] 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 <u>each</u> health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
ODG - Official Disability Guidelines & Treatment Guidelines
Clinical notes dated 10/08/12, 10/16/12, 10/30/12, 11/19/12, and 11/29/12
X-rays of the cervical spine dated 06/05/12
CT scan of the cervical spine dated 08/06/12
Previous utilization reviews dated 10/30/12 and 11/19/12

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a female who reported an injury regarding her cervical region. X-rays of the cervical spine dated 06/05/12 revealed a remote discectomy and anterior interbody fusion at C6-7. No solid bone effusion was noted at that segment. CT scan of the cervical spine dated 08/06/12 revealed a prior discectomy and fusion at C6-7 with no radiographic evidence of complications. A disc protrusion was noted at C5-6 which was noted to be mildly impinging upon the thecal sac and representing a new interval finding from the patient's previous study. A 2 mm disc bulge was noted at C7-T1 mildly impinging on the thecal sac. Per clinical note dated 10/08/12, the patient stated that the initial injury occurred when she stepped off a ladder and fell, injuring her left foot, leg, neck, and back. The patient subsequently underwent cervical fusion at C6-7 in early 2011. The patient stated that the pain continued despite the surgical intervention. The patient rated her pain at that time as 9/10. The patient described her neck pain as radiating into the left buttocks and leg. Per the note, the patient utilized Flexeril, Lyrica, and Hydrocodone for ongoing pain relief. Upon exam, the patient was able to demonstrated 40 degrees of left rotation and 60 degrees of right rotation at the cervical region. Palpation of the cervical spine revealed paraspinal muscle tone as well as

trigger point tenderness throughout the posterior cervical interscapular region. Decreased grip strength was noted, left greater than right. Hands were noted to be moderately swollen, left greater than right. Mild hyperesthesia was noted throughout the upper extremities. Per clinical note dated 10/16/12, the patient continued with cervical region pain. Decreased sensation was noted throughout the C7distribution. Decreased grip strength was noted on the right. The clinical note dated 11/29/12 indicates that the patient continued with a radiculopathy component. Marked pain was noted in the right arm and hand, specifically in the C6 distribution.

The previous utilization review dated 10/30/12 non-certified a request for a cervical epidural steroid injection at C6-7 with fluoroscopy and IV sedation. The requesting provider is noted to be an anesthesiologist and is well trained in the use of IV sedations; however, the provider would not agree to a modification to administer the IV sedation himself.

The utilization review dated 11/19/12 also resulted in a denial secondary to the IV sedation issue as it would present an extra risk to the patient. Additionally, there was a lack of information regarding the patient's completion of all conservative measures addressing the cervical radiculopathy.

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 C6-7 with fluoroscopy and IV sedation is not medically necessary. The documentation submitted for review elaborates the patient complaining of cervical region pain with an associated radiculopathy component in the upper extremities manifested by weakness in the upper extremities, weakened grip strength, and decreased sensation in the left C6 and C7 dermatomes. The Official Disability Guidelines recommend an ESI in the cervical region provided the patient meets specific criteria to include significant clinical findings involving radiculopathy in the appropriate distribution as well as completion of conservative treatments and imaging studies confirming the patient's findings. There continues to be a lack of information regarding the patient's completion of all conservative measures addressing the cervical complaints. Additionally, the specific request includes IV sedation. The Official Disability Guidelines states "There is no evidence-based literature to make a firm recommendation as to sedation during an ESI. The use of sedation introduces some potential diagnostic and safety issues, making unnecessary use less than ideal. A major concern is that sedation may result in the inability of the patient to experience the expected pain and paresthesias associated with spinal cord irritation. This is of particular concern in the cervical region." If mild to moderate sedation is thought to be necessary secondary to the patient's increased anxiety, it is noted that the sedation can be administered by a certified nurse under the supervision of the operating physician. There is a lack of information regarding the specific need for an assistant surgeon when guidelines recommend a qualified nurse is a reasonable alternative. Given the lack of information regarding the patient's completion of all conservative measures related to the cervical complaints, and taking into account the lack of medical necessity for an assistant surgeon for IV sedation, this request is not certified. As such, the documentation submitted for this review does not support the request at this time.

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

[ ] ACOEM-AMERICA 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

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

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)