



**Notice of Independent Review Decision - WC**

**DATE OF REVIEW:**

07/02/13

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

ESI C7-T1 using Fluroscopy

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

Board Certified in Orthopedic 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 or not medical necessity exists for each of the health care services in dispute.

ESI C7-T1 using Fluroscopy – UPHELD

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Cervical Spine MRI, 05/07/09
- Decision and Order, Department of Insurance, 12/16/09
- Evaluation, 08/06/10, 08/17/10
- Patient Visit, 04/09/13, 05/29/13
- Cervical Spine X-Rays, 04/12/13
- Electrodiagnostic Studies, 04/30/13
- Denial Letters, 04/26/13, 05/23/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient on xx/xx/xx, she was assisting who was confined to a motorized wheelchair. The patient tried to loosen the four tie-downs around the wheelchair, she had trouble with one of the tie-downs on the back side of the wheelchair. As she squatted down behind the chair to work on the tie-down, she asked the student to move the wheelchair backwards, so to give the tie down some slack. However, the student moved the chair forward which in turn caused the front part of the chair to lift up, due to the tie down on the back side of the chair. The result was that the chair with the student fell backwards onto the patient and hit her neck and shoulders. A cervical MRI showed loss of T2 signal at all cervical disc levels. At C4-C5 and C5-C6, there were 2 mm disc herniations. The patient continued to experience pain, primarily to the neck/head radiating to the right upper extremity. She experienced continued depression and anxiety. An injection was provided, which the claimant found good pain relief from for two weeks, then the pain returned with the same intense. X-rays showed straightening of the cervical lordotic curve consistent with muscle spasm; spondylosis and degenerative disc disease at C5-C6, with moderate foraminal stenosis bilaterally; and spondylosis at C3-C4, C4-C5, C5-C6, and C6-C7, with facet arthropathy at multiple levels. Electrodiagnostic studies were consistent with radiculitis. It was felt the claimant would benefit from an epidural steroid injection (ESI).

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

Guideline requirements for the requested ESI have not been met. As noted in the prior Peer Review of 05/23/13, there was a recommendation for non-certification citing the lack of objective physical examination findings correlating with an imaging study and a prior electrodiagnostic study with only a generalized impression of a radiculopathy without defining a specific level. The recommendation for non-certification was based on “treatment guidelines indicate a radiculopathy must be documented prior to considering an epidural steroid injection,” and with the lack of the radiculopathy documented as defined by the American Medical Association Guides to the Evaluation of Permanent Impairment, Fourth Edition, pages 382 and 383, the epidural steroid injection is not medically necessary on that basis. Also, the prior injection only resulted in two weeks of relief and the Official Disability Guidelines indicate there should be at least six-to-eight weeks of 50 percent improvement or better before considering a repeat injection. Therefore, for two reasons, the epidural is not recommended as medically necessary.

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

- DWC - DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- AMA 4<sup>TH</sup> EDITION**