Notice of Independent Review Decision - WC

IRO REVIEWER REPORT – WC

DATE OF REVIEW:

05/30/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Cervical Transforminal ESI/Left C6 Selective Nerve Root Block

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

Board Certified in Physical Medicine & Rehabilitation

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.

Cervical Transforminal ESI/Left C6 Selective Nerve Root Block – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

The date of injury was listed as xx/xx/xx. It was documented on the date of injury that the patient sustained a slip and fall incident down some stairs in the work place.

Plain x-rays of the right forearm accomplished on xx/xx/xx revealed no findings worrisome for an acute bony abnormality. Plain x-rays of the right shoulder accomplished on xx/xx/xx revealed no findings worrisome for an acute bony abnormality. Plain x-rays of the cervical spine obtained on xx/xx/xx revealed no findings worrisome for an acute bony abnormality. There was evidence of mild spurring and interspace narrowing at the C5-C6 and C6-C7 levels. Thoracic spine x-rays accomplished on xx/xx/xx were described as "normal." Lumbar spine x-rays accomplished on xx/xx/xx revealed findings consistent with spondylolisthesis at the L5 level. There were no findings worrisome for a compressive deformity.

A right shoulder MRI accomplished on 12/05/12 revealed findings consistent with mild supraspinatus tendinosis without a dominant tear. There was evidence for mild reactive edema near the humeral head, as well as the acromioclavicular joint. A cervical MRI accomplished on 12/05/12 revealed findings consistent with the presence of mild straightening of the normal cervical lordosis. There was evidence for a 2.1 mm broad-based disc osteophyte complex at the C5-C6 level. Also, there was evidence for a disc osteophyte complex at the C6-C7 level. The report did not describe the presence of any findings worrisome for a compressive lesion upon a neural element in the cervical spine.

The patient received an evaluation with Dr. on 01/10/13. On this date, the patient received a therapeutic injection to the right shoulder.

The patient was evaluated by Dr. on 03/07/13. On this date, there was documentation of a non-focal neurological examination. It was recommended that the patient receive access to treatment in the form of physical therapy. It was also recommended that she be referred to Dr. for consideration of treatment in the form of cervical epidural steroid injections (ESIs).

The patient was evaluated by on 03/13/13. On this date, it was documented that she was receiving treatment in the form of physical therapy services. There was documentation of

a non-focal neurological examination. It was recommended that consideration be given in the form of a left C6 selective nerve root block.

An electrodiagnostic assessment was accomplished by Dr. on 04/05/13. This study evaluated the upper extremities. The study did not reveal any findings definitely worrisome for an active cervical radiculopathy. There were findings consistent with a right-sided median neuronopathy across the wrist.

Dr. evaluated the patient on 05/01/13. On this date, there was documentation of a non-focal neurological examination. It was recommended that she undergo a selective nerve root block at the left C6 nerve root.

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

Based upon the records available for review in this specific case, per the criteria set forth by the Official Disability Guidelines, the medical necessity for a cervical epidural steroid injection/selective nerve root block is not established. The above noted referenced guidelines indicate that for consideration of such a procedure, there must be objective data to support the presence of an active cervical radiculopathy. A cervical MRI was accomplished on 12/05/12. An electrodiagnostic assessment of the bilateral upper extremities was accomplished on 04/05/13. These studies did not reveal any findings definitively worrisome for a compression lesion upon a neural element in the cervical spine. As such, in this specific case, per the documentation presently available for review, the medical necessity for treatment in the form of a cervical epidural steroid injection/selective nerve root block is not established.

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**