Notice of Independent Review Decision - WC

IRO REVIEWER REPORT – WC

DATE OF REVIEW:

06/05/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Cervical Epidural Steroid Injections (62310, 77003, 72275, 62264)

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.

Cervical Epidural Steroid Injections (62310, 77003, 72275, 62264) – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Examination, 11/01/11
- Right Ankle MRI, 06/13/12
- Left Ankle MRI, 06/13/12
- Cervical Spine MRI, 07/23/12
- Subsequent Medical Report, 12/27/12
- Orthopedic Consultation, 01/21/13

- Electrodiagnostic Testing, 02/21/13
- Manual Muscle Strength Exam, 03/08/13, 03/14/13
- MRI Left Wrist, 03/08/13
- MRI Right Wrist, 03/08/13
- Evaluations, 03/14/13, 04/18/13
- Procedure Orders, 03/26/13
- Pre-Authorization, 03/29/13
- Denial Letters, 03/29/13, 04/26/13, 04/30/13
- Lumbar Myelogram, 04/15/13
- Post Myelogram CT Lumbar Spine, 04/15/13
- Appeal, 04/30/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was injured on xx/xx/xx when she was locating on a job and did not see a hole that was covered with grass. Her left food dropped into a hole about 1.5 feet deep, she tried to keep her balance by using a stick to fall on, she dropped into another hole with her right foot and heard a pop. She injured her ankles, wrist, feet, and lower back. An MRI of the right ankle showed a small tibiotalar joint effusion with no fracture or intra-articular loose body. There was evidence of sprain of the anterior talofibular ligament with no other ligament or tendon pathology demonstrated in the right ankle. An MRI of the left ankle showed evidence of osseous contusion involving the anterior aspect of the distal tibia with no displaced fracture or intra-articular loose body. A small tibiotalar joint effusion was present. An MRI of the cervical spine showed straightening of the cervical lordosis with muscle spasm or strain. There was evidence of disc pathology identified at the C4-C5 and C5-C6 levels. Electrodiagnostic studies were suggestive of left L2-L4 radiculopathic processes with denervation potentials observed in the left vastus medialis and increased insertional activity noted in the left anterior tibialis. An MRI of the left wrist showed small amount of fluid in the radioulnar joint and moderate amount of fluid in the pisotriquetral recess. An MRI of the right wrist showed a small amount of fluid in the pisotriquetral recess, small amount of fluid in the radioulnar joint, and a 6 x 4 x 9 mm ganglion cyst along the dorsal margin of the scaphoid. The patient continued to be symptomatic after going through physical therapy, oral NSAIDs, activity modification, and the provider recommended a cervical ESI in conjunction with post injection physical therapy.

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

The current medical records did not document focal findings on physical examination that corroborate with imaging studies and/or electrodiagnostic studies as required by the Official Disability Guidelines prior to considering epidural steroid injection. The prior Peer Review had the same concerns that the medical records did not document focal neurological findings on physical examination that correlated with imaging studies and/or electrodiagnostic testing and they also recommended non-certification of the epidural steroid injection.

As noted in the prior Peer Review, the current medical records did not document a physical examination finding that correlated with the imaging study and/or the electrodiagnostic study for a focal radiculopathy. As the Official Disability Guidelines indicate, a radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic examination and at this time there is a lack of such physical examination findings as defined by the American Medical Association Guides to the Evaluation of Permanent Impairment, Fifth

Edition, pages 382 and 383. And with the current medical records not containing a response to the prior Peer Review concerns with an adequate response, I recommend non-certification of the request in line with the prior Peer Review and in line with the Official Disability Guidelines as there is not a physical examination finding of a focal nature corroborated by imaging studies and/or electrodiagnostic testing supporting the presence of a focal radiculopathy.

Therefore, in line with the Official Disability Guidelines that indicate a radiculopathy is to be documented on physical examination that correlates with imaging studies and/or electrodiagnostic studies, the request for the cervical epidural steroid injection does not meet ODG criteria.

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 5TH EDITION**