

AccuReview

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Notice of Independent Review Decision

[Date notice sent to all parties]: October 16, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral TESI @ C4-5 w/Catheter 62310, 64479, 64480, 72020

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

The physician is a board certified physical medicine and rehabilitation physician with over 16 years of experience in pain management.

REVIEW OUTCOME:

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

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

05-25-07: MR Lumbar Spine WO Contrast
11-12-07: XR SP Cervical 4VWS
03-28-08: MRI Cervical spine without contrast
04-09-09: Designated Doctor Evaluation
04-09-09: Report of Medical Evaluation
08-17-09: Designated Doctor Examination
09-04-09: Letter of Clarification
09-24-09: Letter of Clarification
10-07-09: Letter
05-10-11: Thoracic Spine, 2 Views
05-10-11: Right Humerus, two views
05-10-11: Right Forearm Two Views
05-10-11: Lumbar Spine, Two Views
05-10-11: Cervical Spine Series

07-26-11: MRI Lumbar Spine without Contrast
07-29-11: Progress Note
09-02-11: Electrodiagnostic Results
09-02-11: Interpretation of Neurodiagnostic Test
09-14-11: MRI Cervical Spine
09-14-11: MRI Thoracic Spine
09-14-11: MRI Right Knee
09-14-11: MRI Right Wrist
10-20-11: Maximum Medical Improvement Determination and Impairment Rating Evaluation
01-13-12: Operative Report
11-28-12: Office visit
12-03-12: Rescheduled Hearing date notification
03-06-13: Office visit
03-06-13: Mental Health Evaluation/Treatment Request
03-23-13: Designated Doctor Evaluation
03-23-13: Report of Medical Evaluation
04-29-13: Pre-Authorization
05-06-13: Daily Progress & Therapy Notes
05-10-13: Daily Progress & Therapy Notes
06-04-13: Follow-Up Note at Pain Management
08-23-13: UR performed
09-09-13: UR performed
09-19-13: MR Knee w/o contrast

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who sustained an injury on xx/xx/xx when he was hit in the head. He sustained two blows to the head within two hours. The first impact was on the front of the face and the second was on the side of the head causing injury to his neck, head and upper back.

05-25-07: MR Lumbar Spine WO Contrast. Impression: 1. Postsurgical changes at L4-L5 with complete osseous fusion of the L4 and L5 vertebral bodies and changes of previous partial laminectomies. 2. Moderate L3-L4 central canal stenosis with circumferential disc bulge and moderate bilateral foraminal stenosis.

11-12-07: XR SP Cervical 4VWS. Findings: Normal alignment. Prevertebral soft tissues are unremarkable. Ossific density projects off the anterior lower margin of the C5 vertebral body, which likely represents a remote avulsion injury. Lack of accompanying soft tissue mitigates against an acute process.

03-28-08: MRI Cervical spine without contrast. Impression: C5/C6 and C6/C7 broad band annular bulges with right-sided neuroforaminal narrowing at these levels.

04-09-09: Designated Doctor Evaluation. EMG/NCV of the upper extremities performed on 12/18/08 revealed 1. Subtle electrophysiological evidence of cervical radiculopathy involving the C7 nerve roots bilaterally was recorded in the

needle EMG examination of the upper extremities. Cervical radiculopathy manifested in increased chronic reinnervation potential activity recorded in C7 innervated paraspinals and distal musculature within the upper extremities bilaterally. However, active denervation was not observed within C7 myotomes.

2. No electrophysiological evidence of distal mononeuropathy was recorded in these electrodiagnostic studies of the upper extremities. Cervical x-rays performed on 12/15/08 revealed spondylosis at C5-C6. MRI of thoracic spine performed on 12/5/08 revealed spondylitic disease as discussed. Cervical x-rays performed on 4/29/08 revealed mild spondylosis change C5-6. Treatment History: Claimant has been treated with conservative care including PT (which did not help), TENS unit (which did not help), and ultrasound (which did not help). Surgical recommendations for C5-6 herniation. Claimant is currently not working. Current Medications: Darvocet, Skelaxin and Tylenol. Chief complaints: Claimant presented with complaints of pain in head, neck, upper back, left hand/finger, right arm, right shoulder, right elbow, right wrist, and right hand with pain 7/10, 5 at best and 10 at worst. He indicated that his pain is consistent in nature and that sitting, walking, and sleeping makes his pain worse. PE: Guarded gait noted and he appeared to sit uncomfortably, using a walker to ambulate. Palpation of the cervical spine revealed tenderness at C5, C6, and C7 on the right. Cervical ROM decreased with full effort with pain present. Testing of the spinal dermatomes revealed right C5 was mildly decreased, right C6 mildly decreased, right C7 was mildly decreased, and right C8 was mildly decreased. Extent of Injury: injury was sustained on xx/xx/xx extends to include: 1. Disc herniation, C5-C6, C6-C7; 2. Anterior longitudinal ligament avulsion fracture at C5-C6 with instability pattern; 3. Signs of minor motor radiculopathy on right.

05-10-11: Thoracic Spine, 2 Views. Impression: The thoracic spine demonstrates normal anatomic alignment with mild to moderate spondylitic degenerative endplate changes. No acute bony injury identified. Mild anterior wedging of the T12 vertebra is presumed chronic.

05-10-11: Cervical Spine Series. Impression: Limited exam, with poor visualization of the C7 level in the lateral alignment with mild degenerative spondylosis at the C4-C6 levels. No acute bony injury identified in the visualized cervical spine.

07-29-11: Progress Note. Claimant has no improvement and has been working with duty restrictions and is having some difficulty with selected job functions. The pain is located on midline thoracic region, lumbar region, sacral region and the cervical, both knees and right wrist. He has noted some relief with pain medications and complained of low back pain and bilateral leg symptoms of weakness, burning pain and tingling in heels with physical therapy. PE: Musculoskeletal: cervical: palpation of the cervical spine is positive tenderness C1 through trapezius paraspinous are bilaterally.

09-14-11: MRI Cervical Spine. Impression: 1. Posterior central disc protrusion measuring 3.09 mm at C6-C7; 2. Posterior central disc paracentral disc bulging at C5-C6.

10-20-11: Maximum Medical Improvement Determination and Impairment Rating Evaluation. PE: Cervical ROM is noted that there is 42 degrees of flexion, 38 degrees of extension, 40 degrees of lateral flexions, 35 degrees of right lateral flexion, 48 degrees of left rotation, and 40 degrees of right rotation. Upon palpation it is noted that there is moderate myospasms in the paravertebral musculature of the cervical spine with guarding present. Upon neurological evaluation of the cervical spine, it is noted that there is 2/4 reflexes on the left side and 2/4 reflexes on the right side. Upon orthopedic evaluation of the cervical spine it is noted that he has a positive MCC bilaterally and a Soto Hall's test. Discussion: The claimant is found not to be at clinical MMI at this time for neck injury/pain, mid back injury/pain, low back injury/pain, right wrist injury/pain, right knee injury/pain, and right ankle injury/pain. Claimant did suffer a work related accident and the described mechanism of injury correlates directly to the current complaints that he currently is suffering.

03-23-13: Designated Doctor Evaluation. Chief complaints: low back, mid back, neck, left shoulder, right elbow, right wrist, right knee, and right ankle. PE: Spinal examination: Palpation of the spinal musculature revealed tenderness at the C5-6, C6-7 and T7-8 area. Cervical ROM within normal limits with pain. Cervical Spine DRE: Category II: 0% Whole Person Impairment. Cervical Spine DRE category I yields a 0% whole person impairment rating. Based on the review of the medical records in addition to no positive examination findings the examinee does not qualify for a whole person impairment rating.

06-04-13: Follow-Up Note. Claimant presented with c/o increased right-sided neck pain that also includes left-sided pain that is not quite as bad that radiates into both upper arms and into the scapula and is worse on the right hand side. The pain goes down into the arm and into little finger of the hand and includes numbness and tingling in both arms which seems to be worse at night. PE: neurological and cervical spine: He has tenderness to palpation on both sides of the paraspinal muscle of the neck and in the upper trapezius muscles posterior to the clavicle. This is worse on the right side. Strength in the upper extremity is 5/5 except at the dorsal interosseous muscles on the right side which are 5-/5. There is tenderness in the cervical facet joints from approximately C3 through C7, worse on the right. Spurling's maneuver is positive on the right. Assessment: 1. Lumbar sprain and strain, 2. Cervicalgia. Plan: 1. Pending approval, recommend bilateral transforaminal epidural steroid injections at C4-C5 utilizing a catheter. No medications required at this time. 2. Follow-up in two weeks post procedure for re-evaluation.

08-23-13: UR performed. Reason for denial: The request for a bilateral transforaminal epidural steroid injection at C4-5 with a catheter; 62310, 64479, 64480, 72020, and 72275 is non-certified. The documentation submitted for review elaborates the patient complaining of cervical region pain. The ODG recommend an epidural steroid injection in the cervical region provided the claimant meets specific criteria to include imaging studies confirming the claimant's neurocompressive findings and clinical exam indicates a radiculopathy

component. No imaging studies were submitted confirming the claimant's neurocompressive findings at the C4-5 level. Additionally, the documentation does not indicate a radiculopathy component specifically in the C4 or C5 distribution. Given that no information was submitted regarding the claimant's completion of imaging studies of the cervical region confirming C4-5 findings and taking into account that no information was submitted regarding the claimant's clinical exam indicating a radiculopathy component, this request does not meet guideline recommendations. As such, the documentation submitted for this review does not support the request at this time.

09-09-13: UR performed. Reason for denial: Based on the clinical information provided, the appeal request for bilateral transforaminal epidural steroid injection at C4-5 with catheter is not recommended as medically necessary. Initial request was non-certified noting that the documentation submitted for review elaborates the claimant complaining of cervical region pain. The ODG recommend epidural steroid injection in the cervical region provided the claimant meets specific criteria to include imaging studies confirming the claimant's neurocompressive findings at C4-5 level. Additionally, the documentation does not indicate a radiculopathy component specifically in the C4 or C5 distribution. Given that no information was submitted regarding the claimant's completion of imaging studies of the cervical region confirming C4-5 findings a radiculopathy component, this request does not meet guideline recommendations. As such, the documentation submitted for this review does not support the request at this time. There is insufficient information to support a change in determination, and the previous non-certification is upheld. There are no imaging studies/electrodiagnostic results provided, and there is no current, detailed physical examination submitted for review to establish the presence of active cervical radiculopathy.

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

Denial of Bilateral Transforaminal ESI at C4-5 is upheld/agreed with. There is no objective evidence of radiculopathy at the C4-5 level and no corroborating imaging or electrodiagnostic seen at the C4-5 level. History and exam correlate with diffuse levels of right sided sensory changes and more right C8 motor changes. Imaging studies note changes at the C5-6 and C6-7 levels. Electrodiagnostic studies note changes C7 level. And there is lack of information regarding more recent attempts at conservative care such as medications and home exercises prior to pursuing more invasive procedures. Therefore after reviewing the medical records and documentation provided the request for Bilateral TESI @ C4-5 w/Catheter 62310, 64479, 64480, 72020 is not medically necessary and denied.

Per ODG:

<p>Epidural steroid injection (ESI)</p>	<p>Criteria for the use of Epidural steroid injections, therapeutic: <i>Note: The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit.</i></p> <ol style="list-style-type: none">(1) Radiculopathy must be documented by physical examination <u>and</u> corroborated by imaging studies and/or electrodiagnostic testing.(2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).(3) Injections should be performed using fluoroscopy (live x-ray) for guidance(4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections.(5) No more than two nerve root levels should be injected using transforaminal blocks.(6) No more than one interlaminar level should be injected at one session.(7) In the therapeutic phase, repeat blocks should only be offered if there is at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year.(8) Repeat injections should be based on continued objective documented pain and function response.(9) Current research does not support a “series-of-three” injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections.(10) It is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment.(11) Cervical and lumbar epidural steroid injection should not be performed on the same day. <p>Criteria for the use of Epidural steroid injections, diagnostic: To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below:</p> <ol style="list-style-type: none">(1) To help to evaluate a pain generator when physical signs and symptoms differ from that found on imaging studies;(2) To help to determine pain generators when there is evidence of multi-level nerve root compression;(3) To help to determine pain generators when clinical findings are suggestive of radiculopathy (e.g. dermatomal distribution), and imaging studies have suggestive cause for symptoms but are inconclusive;(4) To help to identify the origin of pain in patients who have had previous spinal surgery.
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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)**