

IRO REVIEWER REPORT - WC



Claims Eval

Notice of Independent Review Decision

Date notice sent to all parties:

September 10, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cerv. Epidural Steroid Injection C3-4 62310

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

American Board of Anesthesiology
Subcertification in Pain Medicine

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 medical necessity exists for each of the health care services in dispute.

IRO REVIEWER REPORT - WC

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- 5-3-12 MRI of the cervical spine.
- 7-23-13 Preauthorization request for cervical epidural steroid injection at 3-4.
- 7-26-13, UR
- 8-1-13, UR
- 8-5-13 Appeal/Reconsideration Determination - UR
- 9-5-13 Notice of Case Assignment.

PATIENT CLINICAL HISTORY [SUMMARY]:

5-3-12 MRI of the cervical spine showed extensive anterior fusion hardware at C4, C5, C6 and C7 for three level anterior fusion. Significant degenerative disc disease at C3-C4 with extensive discogenic bone marrow edema, central spinal stenosis and marked left foraminal stenosis. Possible softness material within the left foramen. This likely counts for the patient's symptoms of left upper extremity radiculopathy. Bone spurring suggested along the ventral aspect of the thecal sac at C4-C5 and C5-C6 with some narrowing of the central spinal canal. Consider CT myelography for more complete assessment. No enhancing lesions in the cervical spine.

7-23-13 Preauthorization request for cervical epidural steroid injection at 3-4.

7-26-13, The Epidural Steroid Injection at the C3-C4 level is non-certified. Official Disability Guidelines recommend Epidural Steroid Injections when radiculopathy is documented by objective findings and corroborated by imaging studies and/or diagnostic studies, and the patient has failed conservative treatment measures for at least 1 month. The clinical documentation submitted for review does not provide any objective findings to support radiculopathy. Additionally, there is no documentation to support the patient's failure to respond to conservative treatment. As such, the request for the Epidural Steroid Injection at the C3-C4 level (62310) is non-certified.

8-1-13, The epidural steroid injection at the C3-4 level is non-certified. The patient's pain is stated to have decreased roughly by 50% from previous epidural steroid injection but the patient continues to have severe pain that interferes with his quality of life. However, the Official Disability Guidelines state repeat blocks should only be offered if there is at least 50% pain relief for 6 to 8 weeks with general

IRO REVIEWER REPORT - WC

recommendation of no more than 4 blocks per region per year. The patient had the last epidural steroid injection on 07/02/2013 and even though he states that he had 50% pain relief, he did not have 50% pain relief for 6 to 8 weeks. As such, the request for cervical epidural steroid injection to C3-4 is non-certified.

8-5-13 Appeal/Reconsideration Determination - UR.

9-5-13 Notice of Case Assignment.

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

Medical records reflect the claimant has a history of anterior fusion hardware at C4, C5, C6 and C7. However, there is an absence in documentation showing radiculopathy, which must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. It is noted that the claimant had an epidural steroid injection on 7-2-13 at C3-C4 that decreased his pain roughly by 50%, but not for 6 to 8 weeks. Per ODG, repeat blocks should only be offered if there is at least 50% pain relief for six to eight weeks. Documentation does not reflect the claimant had 6-8 weeks of pain relief. Therefore, the request for Cerv. Epidural Steroid Injection C3-4 62310 is not reasonable or medically necessary.

Per ODG 2013 Criteria for the use of Epidural steroid injections, therapeutic:

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.

(1) Radiculopathy must be documented by physical examination and 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.

IRO REVIEWER REPORT - WC

(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.

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:

(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.

IRO REVIEWER REPORT - WC

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)**