

IRO REVIEWER REPORT TEMPLATE -WC

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Notice of Independent Review Decision

[Date notice sent to all parties]:

02/12/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Injection foramen epidural c/t. Dates of Service from 11/21/2013 to 11/21/2013

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

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:

1. 04/17/2008, CT myelogram lumbar spine.
2. 04/17/2008, Lumbar myelogram post myelographic.
3. 11/01/2011, Fluoroscopically-guided left C5-6 and C6-7 epidural steroid injection.
4. 12/27/2011, Progress note.

5. 08/28/2012, Progress note.
6. 10/09/2012, Fluoroscopically-guided left C5-6 and C6-7 epidural steroid injection.
7. 02/07/2013, MRI of lumbar spine with and without contrast.
8. 03/12/2013, Progress note.
9. 05/16/2013, Progress note.
10. 05/30/2013, Progress note.
11. 07/26/2013, Progress note and an unstated provider.
12. 10/03/2013, Progress note.
13. 10/09/2013, MRI report cervical spine.
14. 10/31/2013, Progress note, no credentials given.
15. 11/26/2013, Progress note, no credentials given.
16. 11/26/2013, Utilization Review Determination
17. 12/11/2013, Utilization Review Determination

PATIENT CLINICAL HISTORY [SUMMARY]: This patient is a male with complaints of low back pain. He also has complaints of cervical spine pain. He was taken to surgery on 11/01/2011 and was given a fluoroscopically-guided left C5-6 and C6-7 epidural steroid injection. When he returned on 12/27/2011, he reported 100% relief of his pain and symptoms from his CESI on 11/01/2011. He stated his arm pain was worse than his neck symptoms and he had constant 3/10 to 10/10 shooting and throbbing pain to the neck and left arm that was gone after the injection. He was taken back to surgery on 10/09/2012 for a fluoroscopically-guided left C5-6 and C6-7 epidural steroid injection. He returned to clinic on 03/12/2013, still complaining of pain to his neck and to his upper extremities. On 10/31/2013, he returned to clinic. Upon examination, his gait was normal, strength in the upper and lower extremities was normal, sensation was normal to pin prick in the upper and lower extremities, and deep tendon reflexes in the upper and lower extremities were normal bilaterally. Return to clinic occurred on 11/26/2013, but that clinical note was not complete for this review, and did not include the clinical examination.

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

On 11/26/2013, a review occurred, indicating that the patient had a history of having injections with no documentation of what it was, and there was no indication past epidural steroid injections were done or if they helped. The current exam was neurologically normal, so there was no current clinical or historical support for the request. A subsequent report dated 12/11/2013 also indicated that there was no evidence of further diagnostic testing, such as EMG studies, to confirm a diagnosis of C5 or C6 radiculopathy. It was unclear what the patient's response was to the second series of injections. There was no motor weakness or sensory deficits on the most recent clinical

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exam. Therefore, the request was non-certified. The additional records submitted for this review also fail to give the response to the second injection and also indicate that the most recent complete clinical exam that is provided for this review indicated that he had a completely normal neurological exam with no reflex changes, sensory changes, and no motor changes. Official Disability Guidelines, Cervical Spine Chapter, indicate that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and if used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is an inadequate response to the first block. Diagnostic blocks should be at an interval of at least 1 week to 2 weeks between injections. In the therapeutic phase, repeat blocks should be only offered if there is at least 50% percent pain relief of 6 weeks to 8 weeks with a general recommendation of no more than 4 blocks per region per month. Therefore, this reviewer is upholding the previous determination.

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

- XODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**

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

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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.

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.