



**Notice of Independent Review Decision - WC**

**DATE OF REVIEW:**

01/03/14

**DATE OF AMENDED REVIEW:**

01/20/14

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Cervical ESI with Lysis of Adhesion C6-C7

**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 ESI with Lysis of Adhesion C6-C7 – UPHELD

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Initial Medical Report, 02/25/10
- Diagnostic Interpretation, 03/26/10
- Electric Diagnostics, 04/14/10
- MRI of the Cervical Spine, 05/11/10

- CT Cervical Myelogram, 08/04/10
- Operative Report, 06/17/11
- Evaluation, 07/12/11, 08/15/11, 11/17/11, 12/11/12
- Cervical Spine Views, MRI, 09/27/11, 11/11/11
- CT Cervical Spine, 01/26/12
- Cervical Spine CT, 01/10/13
- Designated Doctor Examination (DDE), 01/11/13
- Orthopedic Reports, 02/28/13, 04/29/13, 06/04/13, 08/22/13, 10/07/13
- Re-Evaluation, 04/09/13
- DWC Form 73, 04/29/13, 06/04/13
- Evaluation, 08/05/13
- Cervical Spine X-Rays, 08/12/13
- Cervical Spine Series, 08/12/13
- Cervical Myelogram, 09/09/13
- CT Cervical Spine, 09/09/13
- Physical Therapy, 09/11/13 through 10/24/13
- Procedure Orders, 10/16/13, 10/23/13
- Pre-Certification Request, 10/23/13
- Denial Letters, 10/29/13, 11/14/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

It was documented that on the date of injury the patient developed symptoms of pain in the left upper extremity.

The patient was evaluated on 02/25/10. On this date, he was noted to be with symptoms of pain in the cervical spine and left shoulder. It was recommended that a cervical MRI scan and left shoulder MRI scan be accomplished.

A left shoulder MRI scan obtained on 03/26/10 revealed findings consistent with what was described as an impingement syndrome. There were findings consistent with rotator cuff tendinitis without evidence of a tear.

An electrodiagnostic assessment was obtained on 04/14/10. The study revealed findings consistent with a left C8 and T1 radiculopathy. There was documentation of a left ulnar neuropathy at the elbow and what was described as some neuropathy of the median nerves at the wrists.

A cervical MRI scan was obtained on 05/11/10. The study revealed findings consistent with the presence of disc protrusion at the C5-C6, C6-C7, and C7-T1 disc levels.

A cervical CT scan/myelogram was obtained on 08/04/10. The study revealed findings consistent with what was described as severe right-sided neural foraminal narrowing at the C7-T1 level. There was evidence for a decrease in disc space height from the C5-C6 to the C7-T1 disc levels.

The records available for review indicated that on 05/17/11 surgery was performed to the cervical spine in the form of an anterior cervical decompressive discectomy with a fusion and utilization of instrumentation to the C5-C6 and C6-C7 levels. Surgery was accomplished. The records available for review do indicate that the post-operative course was complicated by the development of a hematoma, which required removal on 05/17/11.

The claimant was evaluated on 07/12/11. On this date, it was recommended that the patient receive access to treatment in the form of physical therapy.

Plain x-rays of the cervical spine obtained on 09/21/11 revealed findings consistent with the presence of implants at the C5-C6 and C6-C7 levels. There was no documentation of any post-operative complications.

Cervical spine x-rays obtained on 11/11/11 revealed findings consistent with the presence of straightening of the cervical spine with an orthopedic plate located anteriorly along the C5 to C7 vertebral bodies.

The claimant was evaluated on 11/17/11. On this date, it was recommended that the patient return for re-assessment in six months. It was documented that he was with symptoms of tinnitus. It was recommended that he receive an ear, nose, and throat physician evaluation for this symptomatology.

On 01/26/12, a cervical CT scan was obtained. The study revealed evidence for spondylosis of the cervical spine. There were no findings worrisome for fracture or dislocation.

On 12/11/12, the patient was evaluated. On this date, it was recommended that a CT scan of the cervical spine be accomplished.

A cervical CT scan was obtained on 01/10/13. The study revealed findings consistent with the presence of a solid fusion at the C5-C6 and C6-C7 levels.

A DDE was conducted on 01/11/13. On this date, it was documented that previous treatment did include five weeks of a work hardening program, provided to the patient in April 2012. On this date, it was felt that he was capable of work activities which consisted of limitation of lifting to that of no greater than 15 pounds.

The patient was evaluated on 02/28/13. It was recommended that the patient undergo a thoracic MRI scan, as he was with symptoms of mid back pain. It was also recommended that he undergo a right-sided sacroiliac joint injection, as he was with symptoms of pain referable to the right sacroiliac joint region.

The patient was evaluated on 04/09/13. It was recommended that he receive access to treatment in the form of physical therapy. It was documented that he also underwent surgical intervention to the left shoulder on 02/05/13.

On 04/29/13, the patient was evaluated. This physician recommended that the patient undergo a CT scan/myelogram of the cervical spine.

On 06/04/13, re-assessed the patient. It was documented that he had not yet undergone a CT scan/myelogram of the cervical spine, and it was thus recommended that this study be obtained.

The patient was evaluated on 08/05/13. On this date, it was recommended that consideration be given for treatment in the form of a left shoulder manipulation and cortisone injection.

Cervical spine x-rays were accomplished on 08/12/13. This study revealed findings consistent with post-surgical changes associated with a fusion at the C5 through C7 levels. There was evidence for a moderate-sized osteophyte extending from the C4 inferior endplate.

evaluated the patient on 08/22/13. It was documented that a cervical CT scan/myelogram could not be accomplished due to the fact that the patient was with elevated blood pressure. It was recommended that he undergo a cervical CT scan/myelogram once his blood pressure became better controlled.

A cervical CT scan/myelogram was obtained on 09/09/13. This study revealed findings consistent with the presence of an anterior fusion plate at the C5 to C7 level. There was no myelographic block of contrast. There was no truncation of nerve root sleeves. There was no evidence of indentation of the spinal cord. This study revealed findings consistent with straightening of the cervical lordotic curve. There was documentation of moderate foraminal narrowing and probable contact of the exiting bilateral C8 nerve roots.

On 10/07/13, re-evaluated the patient. On this date, he was with symptoms of left shoulder pain. There was documentation of symptoms of pain in the lumbar region as well. Objectively, there was documentation of decreased strength, described as 4/5 in the left biceps, triceps, deltoid, pronator teres, wrist flexors, and wrist extensors. It was recommended that he undergo a cervical epidural steroid injection (ESI).

The patient was evaluated on 11/19/13. On this date, it was documented that the patient was with symptoms of pain in the left shoulder, described as a 4/10 on a scale of 1 to 10. It was documented that the patient was with symptoms of pain in the lumbar region, described as an 8/10. There was documentation of decreased sensation in the left C6 and C7 nerve root distributions. It was recommended that a cervical ESI be provided to the patient.

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

Based upon the medical documentation presently available for review, the request for a cervical ESI with lysis of adhesions at the C6-C7 level would not be supported as a medical necessity, per criteria set forth by Official Disability Guidelines. This reference

does not support a medical necessity for treatment in the form of lysis of adhesions. Additionally, the records available for review do not indicate that on recent diagnostic testing of the cervical spine, with respect to radiographic studies, there were findings that would be definitively conclusive of a compressive lesion upon a neural element in the cervical spine. As a result, based upon the records available for review, for the described medical situation, the above-noted reference would not be support a medical necessity for treatment in the form of a cervical ESI with lysis of adhesions at the C6/C7 level. There is a lack of correlation with respect to subjective signs/symptoms and documented radiographic test results.

**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 JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**