



## Medwork Independent Review

5840 Arndt Rd., Ste #2  
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1-800-426-1551 | 715-552-0746  
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### *NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC*

**DATE OF REVIEW:** 12/20/2013

**IRO CASE #:**

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

Selective nerve root block at C4-C5 with sedation.

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

Texas State Licensed MD Board Pain Medicine and Rehabilitation Physician.

**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.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Dept of Insurance Assignment to Medwork 12/3/2013,
2. Notice of assignment to URA 12/3/2013,
3. Confirmation of Receipt of a Request for a Review by an IRO 12/3/2013
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 12/3/2013

Physician review recommendation 11/22/2013, 11/18/2013, initial utilization review determination 10/30/2013, physician review recommendation 10/29/2013, medical documents 10/25/2013, scripts for orders 10/23/2013, periodic outcomes evaluation 9/24/2013, medical documents 8/28/2013, initial utilization review determination notice 8/19/2013, medical documents 8/15/2013, scripts for order 8/15/2013, medical documents 8/15/2013, 8/2/2013, periodic outcomes evaluation 6/10/2013, patient questionnaire, letter 5/22/2013, follow-up notes 3/27/2012, periodic outcomes evaluation, patient questionnaire, case report 12/29/2011, referral 12/28/2011, statement of pharmacy services 10/6/2011, follow-up notes 4/20/2011, periodic outcomes evaluation 4/20/2011, follow-up notes 10/22/2010, patient questionnaire, workers comp statement 9/29/2010, 8/13/2010, 7/7/2010, follow-up notes 4/27/2010, periodic outcomes evaluation 4/27/2010, patient questionnaire, on call note 12/30/2009, workers comp statement 11/27/2009, periodic outcomes evaluation 10/28/2009, patient questionnaire, workers comp



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statement 9/4/2009, 8/22/2009, 7/17/2009, 4/11/2009, periodic outcomes evaluation 4/9/2009, follow-up notes 4/8/2009, workers comp statement 2/26/2009, 12/28/2008, patient questionnaire, periodic outcomes evaluation 10/10/2008, patient questionnaire, follow-up notes 4/23/2008, periodic outcomes evaluation 4/23/2008, workers comp statement 3/21/2008, patient questionnaire, impairment rating 1/15/2008, follow-up notes 1/9/2008, workers compensation executive summary 12/14/2007, new patient visit notes 11/21/2007, periodic outcomes evaluation 11/20/2007, on call notes 11/17/2007, follow-up notes 11/8/2007, radiology report 11/8/2007, periodic outcomes evaluation 11/8/2007, workers comp statement 11/2/2007, workers comp statement 9/27/2007, medical notes 9/27/2007, workers comp statement 7/13/2007, patient questionnaire, operative report 6/8/2007, preoperative teaching 4/24/2007, notes from physician 4/18/2007, follow-up notes 4/18/2007, radiology report 4/17/2007, consultation 4/16/2007, medical notes, notes from orthopedic facility 6/16/2006, medical notes 11/25/2005, 11/18/2005.

### **PATIENT CLINICAL HISTORY:**

The patient was injured on xx/xx/xx. Symptoms of neck pain with radiculopathy were ultimately managed surgically with an anterior cervical fusion at C5 through C7 on June 8, 2007. The physician's preoperative diagnosis was cervical radiculopathy and spinal stenosis supported by MRI of the cervical spine dated April 17, 2007, which revealed a large paracentral disk extrusion at C6-C7, moderate stenosis at C5-C6, a 2 mm defect at C4-C5, and 3 mm defect at C3-C4. There has been recommendation for a cervical epidural injection at C4-C5, as the claimant is having cervical pain with associated upper trapezius pain.

Physical examination per the notes have revealed that the patient's deltoid strength is 4/5 but has normal strength in all other myotomes, no sensory deficits, and no reflex changes.

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

In reviewing documentation, it not clear whether or not there has been a follow-up MRI. Although there was a recommendation for an updated MRI, there are no results that have been provided. There is a note on September 25, 2013, where the patient continues to take gabapentin 600 mg p.o. 3 times a day. In that office visit note, there is a cervical MRI report that says the patient has cervical degenerative changes with some foraminal stenosis at C4-C5 with solid fusion below, but it is not dated.

On August 19, 2013, a URI determined that an MRI of the cervical spine with contrast is approved. This is likely the MRI that the physician is referring to in his description of updated MRI in his office visit note of September 25, 2013.

The patient has radiculopathy documented by physical examination, as the deltoid is a C5 innervated muscle, which corroborates with the foraminal stenosis at C4-C5 on his updated cervical MRI. The patient has had a long history of treatment, both conservative and surgical, for neck pain and, as such, this would fulfill criteria number 2 on page 1089 for the use of



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epidural steroid injections. He has been on medications, as well, including hydrocodone and gabapentin.

The distribution of pain and the weakness at the deltoid supports radicular pain, as does the MRI, which shows foraminal stenosis at C4-C5. It is very common to develop adjacent segment disease above or below the level of fusion, in this case above the level of fusion, and because the patient is having documented signs of radiculopathy and continued pain, one diagnostic therapeutic selective nerve root block at C4-C5, utilizing *Official Disability Guidelines* on page 1089, is reasonable and could be considered medically necessary in this setting of a patient that has chronic pain with associated motor deficit after cervical fusion.

There is no documentation that the patient suffers from severe anxiety, and utilizing *Official Disability Guidelines*, page 1089, routine use of sedation is not recommended except for patients with anxiety. There is no suggestion this patient suffers from this, but that is not reflected in his office visit note.

In summary, there have been several reviews performed to date suggesting the patient has not had an updated cervical MRI. However, there was an approval in August 2013 and subsequently an office visit note with review of the MRI. Therefore the denial has been overturned.

### **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



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- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE  
(PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME  
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**