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Notice of Independent Review Decision

Date notice sent to all parties: 07/08/14

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Selective nerve root block injection on the left at C4-C5

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

Board Certified in Orthopedic Surgery
Fellowship Trained in Spinal Surgery

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.

Selective nerve root block injection on the left at C4-C5 - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Reports dated 05/17/13, 05/20/13, 05/24/13, 06/17/13, 07/01/13, 07/29/13, 08/12/13, 09/09/13, 10/09/13, 11/06/13, and 11/20/13
Thoracic x-rays dated 05/22/13
Therapy evaluation dated 05/29/13

Therapy note dated 07/15/13
Thoracic MRI dated 08/06/13
Peer review dated 10/30/13
Letter dated 11/20/13
Reports dated 01/22/14 and 04/02/14
Cervical MRI dated 02/21/14
Adverse determination notices dated 04/14/14 and 04/29/14
The Official Disability Guidelines (ODG) were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY [SUMMARY]:

examined the patient on xx/xx/xx. He felt a sudden pop in his upper back associated with immediate discomfort between the shoulder blades up into his neck. He was 71.75 inches tall and weighed 169 pounds. Neurological examination was normal. No tenderness in the cervical or thoracic spines was noted, but palpation of the trapezius did elicit significant discomfort with significant muscle spasms. The impression was a thoracic strain. Ibuprofen, Cyclobenzaprine, and Hydrocodone/APAP were prescribed. He was given a Toradol injection. X-rays of the thoracic spine on 05/22/13 were normal. On 06/17/13, he was improving slowly. He would be continued on work restrictions for two weeks, as well as therapy. Range of motion of the trunk, upper extremities, and head/neck was still limited due to pain, but slightly better. His medications were refilled. A thoracic MRI dated 08/06/13 was normal. On 08/12/13, the patient informed Mr. that he was steadily improving until the previous Friday. He had significant tenderness in the area to the left of the spine and between the shoulder blades. Thoracic range of motion was limited due to pain. The impression remained a thoracic strain. Hydrocodone/APAP, Cyclobenzaprine, and Ibuprofen were continued. He was advised to follow his work restrictions. The patient returned on 10/09/13. It was noted he was a no show for the 09/25/13 appointment. He wanted to refer the patient for pain management, but he would have to travel out of town for that. Lidocaine topical patches were recommended. His examination was unchanged. On 11/06/13, noted he agreed with peer review that stated a simple thoracic strain would not still require narcotics or non-steroidal anti-inflammatories. Preauthorization for Lidoderm would be submitted and suggestions for further care were requested. On 01/22/14, examined the patient. His pain was along the left shoulder blade and up into his neck and radiated across the trapezius and down into the left arm all the way to the fingers. The normal thoracic MRI was noted. He had also attended therapy without improvement. His cervical spine was tilted to the right on examination. The levator scapulae, trapezius, and scalenus muscles were tender on the left. Cervical range of motion was restricted due to pain. Upper extremity strength, reflexes, and light touch were normal bilaterally. Thoracic x-rays that day showed no evidence of fracture, spondylolisthesis, or soft tissue abnormalities. The assessment was cervical pain with left scapular and upper extremity pain. P.A. noted an MRI of the cervical spine was recommended due to the cervical radiculopathy complaints. The problems added that day included

brachial neuritis/radiculitis, neck pain, and back pain. A cervical MRI dated 02/21/14 revealed disc desiccation at C5-C6 and a mild posterior disc bulge was noted. Uncovertebral joint hypertrophy with reduction of the right neural foramen was also noted. On 04/02/14, the patient returned. His examination was essentially unchanged. Right deltoid strength was 5 versus 4+ on the left. The triceps and wrists were normal. The cervical MRI was reviewed. felt there was a cervical disc protrusion and/or tear at the left side of C4-C5 that correlated with his clinical complaints. A cervical block on the left at C4-C5 was recommended. Norco was prescribed. On 04/14/14, provided an adverse determination for the requested selective nerve root block injection on the left at C4-C5. On 04/29/14, provided another adverse determination for the requested selective nerve root block injection on the left at C4-C5.

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

The Official Disability Guidelines (ODG) references selective nerve root blocks and epidural steroid injection (ESIs) in the same area and they have the same requirements and criteria. The ODG notes selective nerve root block injections or ESIs are performed to either treat or confirm radiculitis or radiculopathy. The first criteria listed in the ODG is that radiculopathy must be documented either by physical examination and corroborated by imaging studies and/or electrodiagnostic studies. Based on the cervical MRI, the patient has minor compression at C5-C6 due to minor arthritis and no nerve root impingement was noted. He has no objective signs or symptoms of radicular pain based on the documentation provided for review. His pain is axial, in the cervical spine and the upper thoracic spine. Furthermore, when he was evaluated on 01/22/14, his strength, reflexes, and sensation were normal in the bilateral upper extremities. His assessment was cervical pain with left scapular and upper extremity pain. Therefore, the requested selective nerve root block injection on the left at C4-C5 is not appropriate or in accordance with the recommendations of the ODG and the previous adverse determinations should be upheld at this time.

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)**