AccuReview

An Independent Review Organization
569 TM West Parkway
West, TX 76691
Phone (254) 640-1738
Fax (888) 492-8305

Notice of Independent Review Decision

[Date notice sent to all parties]: June 27, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cerv Epidural Steroid Injection 62310

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

This physician is Board Certified Orthopaedic Surgeon with over 19 years of experience.

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:
02-20-13: MRI Cervical Spine w/wo Contrast
02-20-13: MRI Lumbar Spine wo Contrast
04-01-13: Office Visit at Orthopedics
06-27-13: Office Visit at Orthopedics
07-02-13: Office Visit at Orthopedics
07-30-13: Office Visit at Orthopedics
09-12-13: Office Visit at Orthopedics
11-19-13: Office Visit at Orthopedics
01-16-14: Orthopedic Report
03-21-14: Pre-Authorization Request
03-26-14: UR
05-16-14: UR

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male that was injured while on the job on xx/xx/xx. The claimant stated that his right shoulder hit the steering wheel. He was not initially evaluated but seen at Clinic a couple of days later and completed PT for approximately 6 weeks without improvement.

02-20-13: MRI Cervical Spine w/wo Contrast. Impression: 1. C6-C7 disc protrusion (herniation) indents cervical cord with moderate central canal stenosis and moderate bilateral neural foraminal stenosis. 2. C5-C6 disc protrusion (herniation) indents cervical cord with moderate bilateral neural foraminal stenosis. 3. C4-C5 disc protrusion (herniation) indents cervical cord with mild right neural foraminal stenosis. 4. C3-C4 disc protrusion (herniation) indents cervical cord without cord edema or canal stenosis. Neural foramins are patent. 5. C2-C3 disc protrusion (herniation) indents the thecal sac without cord abnormality or canal stenosis. Neutral foramins are patent.

04-01-13: Office Visit. Claimant presented with pain in the lumbar region 10/10 and right shoulder pain 10/10. PE: Cervical Exam: Palpation: mild spasm, tenderness to pericervical. Spurling's Test right and left: cervical pain. Neer Test-positive. Lumbar Exam: tenderness to palpations. Imaging: Cervical: x-ray exam of neck spine: spondylosis C6-7. Impression: Cervical disc displacement, Lumbar disc displacement, Right sprain supraspinatus. Plan: Cervical: consider cervical ESI. Will set up after the shoulder and will get thoracic MRI due to herniation seen at T2-3 on Cervical MRI. Lumbar: Lumbar ESI and post injection PT; will set up for shoulder surgery. Shoulder: has full thickness RTC tear; will set up for operative repair and will need post op PT.

11-19-13: Office Visit. Claimant presented with pain in the right shoulder 6-7/10, cervical region 10/10 and lumbar region 10/10. Medications: Mobic 15mg, Zanaflex 4mg, Lorcet 10/650, and Doxazosin Mesylate 2 mg. PE: Cervical Exam: Palpation: mild spasm, tenderness to pericervical. Special testing: Spurling's test: cervical pain; Neer Test: positive. Impression: Right lumbar disc displacement, Right cervical disc displacement, Right rotator cuss syndrome NOS, Right sprain supraspinatus. Plan: Lumbar ESI's are indicated for treatment of radicular pain. The radiculopathy has been unresponsive to prior PT, NSAIDs, and muscle relaxers. Only one interlaminar level will be injected under fluoroscopy. Medication Prescribed: Lorcet 10/650mg, tizanidine 4mg, Mobic 15mg.

01-16-14: Orthopedic Report. Claimant complained of cervical pain 8/10 with headaches. He has occasional numbness in the upper extremities. The claimant's back pain 8/10 with occasional numbness in both lower extremities, especially with prolonged sitting or standing. PE: The claimant has cervical tenderness with painful decreased ROM, positive Spurling sign. He has increased pain with axial compression, biceps, triceps, and brachioradialis reflexes were 2+ and symmetric. Sensation was diminished along right C7 and C6 distribution. Motor strength was more or less 5+ and symmetric. The lumbar spine was painful in the midline with painful decreased ROM, SLR positive bilaterally. He has diminished sensation along bilateral L5 distribution, patellae

and Achilles reflexes were 1+ and symmetric. Impression: 1. HNP L4-5, 2. HNP S6-7. Plan of treatment: 1. Discussed lumbar laminectomy to address his central stenosis at L4-5, also considering ACDF. We recommend cervical and lumbar ESI. In the cervical spine the claimant had radicular pain with numbness that correlates with his imaging findings and the lumbar spine again has radicular pain with dermatomal numbness and tension signs which correlate with the imaging studies. 2. We will see the claimant back after his ESI.

03-26-14: UR. Reason for denial: With regards to the cervical ESI, ODG Neck & Upper Back Procedure Summary states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and there should be documentation of failure of conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). In this case, the submitted documentation reveals that treatment prior to the November 2013 note addressed shoulder complaints. The claimant reported radiating neck pain, and there are sensation changes along the right C6 and C7 distributions, and disc herniation at C4-5, C5-6 and C6-7 on imaging. However, there is limited evidence of a failure of conservative treatment for the cervical spine. Further, the submitted records do not identify a specific treatment plan, as specific treatment levels are not identified. The medical necessity of this request is not established. Recommend non-certification.

05-16-14: UR. Reason for denial: The documents surrounding the previous non-certification were not provided for review. The specific date and reason of the previous non-certification was not documented, and it cannot be determined whether additional information was provided for review. The request remains noncertified. The guidelines would support ESIs when there is objective evidence of radiculopathy on physical examination that is corroborated by diagnostic imaging and/or electrodiagnostic testing, and when the individual has been unresponsive to conservative treatment. The provided records reflect the claimant was to have been started on a HEP of physical therapy program, but there are no PT progress notes provided for review to document timing and progress with therapy. Multiple level disc protrusions were noted on the MRI, but there is no documentation of nerve root impingement. The physical examination findings do not corroborate with the MRI. There is no documentation provided for review and peer-reviewed, evidence-based guidelines, the request is not medically supported. The appeal request for cervical ESI is not certified.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:
Previous adverse determinations are upheld and agreed upon. A Cervical Epidural Steroid Injection (ESI) is not indicated in this claimant. The Official Disability Guidelines (ODG) recommends ESI for radiculopathic pain. The radiculopathy should by documented on physical examination. Imaging studies and/or diagnostic testing should be consistent with the radiculopathy. The medical record indicates that the claimant suffers from neck pain with occasional arm numbness. The patient has decreased sensation in the right C6 and C7 distributions. He has no evidence of weakness or abnormal reflexes in the upper

extremities. His MRI demonstrates disc disease at C4-5, C5-6, and C6-7 with mild to moderate foraminal stenosis. Based on the medical record and documentation provided, it is not certain whether the patient has arm pain associated with cervical radiculopathy. The patient has multilevel disc disease with multiple levels of foraminal stenosis. It is unclear which cervical spine level is the primary source of pain. He also has right shoulder pathology, which could be another source of pain. The pain generator is not clearly defined in this case. Therefore, after reviewing the medical records and documentation provided, the request for Cerv Epidural Steroid Injection 62310 is denied.

Per ODG:

Epidural steroid injection (ESI)	**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 <u>and</u> 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. (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.

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)**