

# Icon Medical Solutions, Inc.

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## Notice of Independent Review Decision

**DATE:** March 23, 2014

**IRO CASE #:**

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

1. Selective nerve root block at C6-C7 right side with CPT codes of 64479 (Injection foramen epidural cervical/thoracic) and 77003-26 (Fluoroguide for spine injection).
2. IV sedation CPT code 99199 (unlisted procedure, report, or service).

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

The reviewer is certified by the American Board of Anesthesiology with over 40 years of experience.

### **REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

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.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

#### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a who injured his neck on xx/xx/xx.

12/19/13: MRI Cervical Spine report. IMPRESSION: Disc desiccation throughout the cervical spine. Central disc bulge at C4-C5 with minimal cord contact. Central canal measures 9.1 mm. Broad-based disc bulge with uncovertebral spurring asymmetric to the right, which contacts the cord at C5-C6. Central canal measures 9.4 mm with minor right and mild left neural foraminal narrowing. Right posterolateral disc protrusion with uncovertebral spurring, which contacts the cord and encroaches upon the proximal right neural foramen at C6-C7. Central canal measures 8.1 mm with moderate-severe proximal right neural foraminal narrowing.

12/20/13: The claimant was evaluated. He stated that he felt the pattern of symptoms was stable. He still had pain on the right side of the neck going into the right arm. On physical exam, in the cervical spine, there was no swelling, deformity, abnormal curvature, or other abnormalities. Cervical ROM was decreased to flexion and right rotation. Palpation of the cervical spine was positive for tenderness at C5, C6, C7, T1, T2, T3 paraspinous area on the right. Sensory testing of the upper extremities was normal bilaterally without deficit. Reflexes were normal in the bilateral upper extremities. ROM of the trunk was normal in all planes. Normal shoulder ROM noted in all planes with pain. MRI showed disc bulge with right foraminal narrowing, potential to create the C7 radiculopathy. ASSESSMENT: Cervical radiculopathy. Cervical strain. Shoulder strain. PLAN: Norco 5/325 mg 1 p.o. q.h.s., Flexeril 10 mg. Limit lifting to approximately 20 lbs. Limit pushing/pulling to approximately 20 lbs. No prolonged or excessive bending. Recheck in one week. Refer to ortho spine to be seen in one week.

01/13/14: The claimant was evaluated. He complained of pain in the neck and pain radiating down the arm. The pain would wake him from sleep. Coughing worsened his complaints. Standing, walking, heat, and massage improved the complaints. Lying down, rising from a chair, and physical activity worsened the complaints. Physical therapy improved it. It was noted that he was a current smoker, smoking ½ pack per day. It was noted that he had difficulty performing at a high level at his work. He had numbness in his hands and pins and needles sensations in the right arm. He had positive shoulder pain. X-rays revealed loss of the normal cervical lordosis. On physical exam, he had good deltoid function and wrist extensor function at 5/5 bilaterally. His right wrist flexor and finger flexors were weaker at 4/5 compared to the left, which was intact. Negative Hoffman's bilaterally and pain with extension. He had altered sensation and pins and needle paresthesias in the thumb and index finger, posterior shoulder region, and some paresthesias in the middle finger. ASSESSMENT: Cervical disc herniation, the most significant is the right C6-C7, in which there is a significant neural compromise and narrowing within the canal at that level. He does have a right C7 radiculopathy. The central canal is narrowed to about 8.1 mm. PLAN: Consider right-sided C6-C7 selective nerve root block and injection along with physical therapy. We will give him approximately 2-3 weeks of observation. If he continues to have significant neurological deficit at that time, I would plan for an anterior cervical discectomy and fusion at C6-C7 with autograft.

02/03/14: The claimant was evaluated by PT. He complained of right-sided neck pain rated 5/10; worst at 9/10; and best at 3-4/10. He reported numbness in the right shoulder down to the fingers. On physical exam, he had decreased lordosis. Right shoulder was higher than the left. Cervical ROM: flexion 20 degrees, extension 30 degrees, left and right side bending 20 degrees, rotation on the left 40 degrees and 42 on the right. Normal manual muscle testing in the bilateral upper extremities at 5/5 except for wrist flexion and extension. He was noted to have JMAR testing for the right at 70 and left at 100. He had deficits to include tingling of the fingers and numbness of the 4<sup>th</sup> and 5<sup>th</sup> right fingers. He was

recommended to continue physical therapy. He was also educated and given the handouts regarding home exercise program.

02/05/14: UR. RATIONALE: Clinical information provided does not establish the medical necessity of this request. In this case, treatment notes indicate the claimant has findings of radiculopathy to right upper extremity and neck pain with objective findings of radiculopathy to right upper extremity. There were MRI findings of C6-C7 right posterolateral disc protrusion with uncovertebral spurring encroaching upon the neural foramina. However, treatment notes also indicate the claimant had noted benefit from physical therapy. There was no information regarding the type, extent, and duration of physical therapy performed before the requested procedure. There is no indication that he has failed conservative measures of treatment as mandated by ODG, which state criteria of initially unresponsive to conservative treatment including exercise, physical methods, NSAIDs, and muscle relaxants. Therefore, medical necessity of this request has not been established. There is also no report of the necessity of the sedation in the treatment notes to support this request. There is no report of psychiatric disorder or report of severe behavioral disorder to support the request or IV sedation. Therefore, medical necessity of this request has not been established.

02/11/14: The claimant was evaluated. He complained of 6/10 pain. He stated that he must have "slept wrong last night. It was ok on Saturday and then worse on Sunday." He was unable to tolerate isometric exercises due to increased pain and increased right upper extremity symptoms. It was noted that he had 3 physical therapy visits and would benefit more with physical therapy after injection. He was instructed to return after completing the right-sided C6-C7 selective nerve root block.

02/13/14: Email: "has not been able to tolerate PT. Any addition of cervical or upper extremity exercises increase his pain and symptoms. The only thing that helps him is cervical traction. He attended 3 visits beginning 02/03/14. On 02/11/14, I explained to him I don't want to waste his WC visits. I suggested he have his nerve root block and then resume PT. I spoke to the adjuster today and apparently they denied his nerve block injection because he had not met his conservative care criteria. That decision was made prior to his PT visits here. adjuster, asked me to let you know about his inability to complete PT. She will need additional notes from you to try to get the nerve block injection approved."

02/20/14: UR. The clinical information does not establish the medical necessity of the request. The patient has signs and symptoms that support definitive nerve root involvement and has a confirming MRI showing cervical disc displacement that could be causing a radicular component. He has radicular signs and symptoms with documented cervical bulges. He has been treated conservatively with medications and did attempt physical therapy. However, therapy appears to have worsened symptoms. However, with regard to the request for sedation, there is no evidence-based literature to make a firm recommendation as to sedation during an ESI. The use of sedation introduces some potential diagnostic and safety issues, making unnecessary use less than ideal. The documentation

lacks evidence of a pre-anesthetic exam and evaluation, prescription of anesthesia care, completion of the record, administration of medication and provision of post-op care. The available information does not substantiate the request for sedation at this time. Therefore, medical necessity is not established for this request.

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

The previous adverse decisions are partially overturned. The claimant has had conservative treatment with medications and has been unable to tolerate physical therapy. The MRI performed on 12/19/13 demonstrates an HNP at C6-C7, and he has radicular signs and symptoms as well as cervical disc bulges in other areas. This meets the ODG criteria. Therefore, the request for Selective nerve root block at C6-C7 right side with CPT codes of 64479 (Injection foramen epidural cervical/thoracic) and 77003-26 (Fluoroguide for spine injection) is medically necessary. However, there is no documentation or indication of anxiety or psychiatric disturbances in the claimant which would meet the ODG criteria for sedation during the cervical ESI procedure. Although there is no evidence-based literature to make a firm recommendation for sedation during ESI, there are compelling thoughts to deny the sedation technique. In most instances, sedation is not advised as obtunding the patient's responses may result in the inability of the patient to experience the expected pain and paresthesias associated with spinal cord irritation. Therefore, the request for IV sedation CPT code 99199 (unlisted procedure, report, or service) is not medically necessary and the adverse decision to deny is upheld.

**ODG:**

<p>Epidural steroid injection (ESI)</p>	<p><i>Sedation:</i> There is no evidence-based literature to make a firm recommendation as to sedation during an ESI. The use of sedation introduces some potential diagnostic and safety issues, making unnecessary use less than ideal. A major concern is that sedation may result in the inability of the patient to experience the expected pain and paresthesias associated with spinal cord irritation. This is of particular concern in the cervical region. (<a href="#">Hodges 1999</a>) Routine use is not recommended except for patients with anxiety. The least amount of sedation for the shortest duration of effect is recommended. The general agent recommended is a benzodiazepine. (<a href="#">Trentman 2008</a>) (<a href="#">Kim 2007</a>) (<a href="#">Cuccuzzella 2006</a>) While sedation is not recommended for facet injections (especially with opioids) because it may alter the anesthetic diagnostic response, sedation is not generally necessary for an ESI but is not contraindicated. As far as monitored anesthesia care (MAC) administered by someone besides the surgeon, there should be evidence of a pre-anesthetic exam and evaluation, prescription of anesthesia care, completion of the record, administration of medication and provision of post-op care. Supervision services provided by the operating physician are considered part of the surgical service provided.</p> <p><b>Criteria for the use of Epidural steroid injections, therapeutic:</b>  <i>Note: C7 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.</i>          (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).</p>
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	<p>(3) Injections should be performed using fluoroscopy (live x-ray) for guidance</p> <p>(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.</p> <p>(5) No more than two nerve root levels should be injected using transforaminal blocks.</p> <p>(6) No more than one interlaminar level should be injected at one session.</p> <p>(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.</p> <p>(8) Repeat injections should be based on continued objective documented pain and function response.</p> <p>(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.</p> <p>(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.</p> <p>(11) Cervical and lumbar epidural steroid injection should not be performed on the same day.</p> <p><b>Criteria for the use of Epidural steroid injections, diagnostic:</b></p> <p>To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below:</p> <p>(1) To help to evaluate a pain generator when physical signs and symptoms differ from that found on imaging studies;</p> <p>(2) To help to determine pain generators when there is evidence of multi-level nerve root compression;</p> <p>(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;</p> <p>(4) To help to identify the origin of pain in patients who have had previous spinal surgery.</p>
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**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)**