# Health Decisions, Inc.

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Notice of Independent Review Decision

**[Date notice sent to all parties]:** March 5, 2014

**IRO CASE #:**

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

Cervical Epidural Steroid Injection C6-C7

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

Board Certified Anesthesiologist with over 6 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:**

**PATIENT CLINICAL HISTORY [SUMMARY]:**
The claimant is a female who fell on a wet floor on xx/xx/xx with impact to her right hip and right wrist while trying to break her fall. She has had 17 sessions of physical therapy, NSAID's, muscle relaxants and home exercise therapy, none of which have provided relief.

02-04-13: Initial Consultation. The claimant presents with c/o low back, right hip and right wrist pain. She states pain 7-8/10. The claimant states her pain does radiate into the right lower extremity on the lateral aspect of the knee and then as it crosses the knee goes anterior to the knee and into the anterior portion of the foot. Upon exam, lumbosacral spine has guarding 0/4, muscle spasm 0/4, tenderness 2/4, swelling 0/4, deformity 0/4. ROM: flexion 50 degrees, extension 14 degrees, right rotation 9 degrees, right lateral flexion 12 degrees, left lateral

flexion 15 degrees. Positive facet loading on the right. FABER testing deferred bilaterally secondary to exquisite pain. Positive tenderness to palpation to the right GT bursa. Deep tendon reflexes with patella 2/4 bilaterally and Achilles ¼ bilaterally. The claimant's gait is markedly antalgic and is not able to toe walk d/t pain. Able to heel walk with severe pain. Passive and active ROM of right hip markedly decreased d/t pain. Assessment: 1. Lumbalgia. 2. Right hip dysfunction. 3. Pain in the right hip joint. 4. Right GT bursitis. 5. Abnormality of gait. Plan: X-rays, medication management.

02-18-13 through 05-28-13: Physical Therapy Visits. Approved areas for P, lumbar and right wrist. 02-18-13: The claimant states pain in right arm 8/10. She needs a cane to help with ambulation. The claimant is having continues pain, but will continue with active PT. 03-06-13: concerned with claimant's moderate to severe pelvic pain, states 7/10, and ordered x-rays and MRI. 03-11-13: The claimant has no change in condition despite active PT. 04-10-13: The claimant's neck and shoulder pain with some improvement, however, right hip pain continues to be 7/10. 05-28-13: The claimant received a PT evaluation (no notes received).

04-01-13: Follow Up Report. The claimant presents with right hip pain that she rates 7/10. Upon examination, only change is gait assisted with one-point cane, antalgic. Assessment: 1. Fair pain control with current regimen. 2. Right hip dysfunction. 3. Lumbalgia. 4. Right GT bursitis. Plan: D/C Norco d/t claimant not taking as prescribed, recommend GT bursa injection and will initiate compound pain cream for pain relief.

04-17-13: MRI of the Cervical Spine. Impression: 1. 4mm right paracentral and foraminal disc protrusion at C6-C7, which impinges upon the thecal sac and the proximal portion of the right C7 nerve root. The disc protrusion also severely narrows the right foramen and lateral recess. 2. 2mm posterior central disc protrusion at C3-C4, C5-C6 and C7-T1. 3. Mild degenerative spondylosis at C6-C7.

04-17-13: Pelvis, One View and MRI of the Lumbar Spine. Pelvis Impression: 1. Normal pelvis. MRI Impression: 1. Grade 1 retrolisthesis at L5-S1. There is also a 4mm posterior central disc protrusion at this segment, which mildly impinges upon the thecal sac, also moderately narrowing the lateral recesses. 2. 4mm left foraminal disc protrusion at L4-L5, this severely narrows the left foramen and lateral recess. The disc also impinges upon the inferior surface of the exiting left L4 nerve root. 3. Mild disc desiccation and degenerative spondylosis at L4-L5 and L5-S1. 4. Mild degenerative facet joint hypertrophy at L1-L2 and L2-L3. 5. Moderate degenerative facet joint hypertrophy at L3-L4. 6. Severe degenerative facet joint hypertrophy at L4-L5 and L5-S1. 7. Small right-sided face joint effusion at L4-L5.

04-17-13: MRI of the Right Shoulder. Impression: 1. Acute full thickness tear of the distal supraspinatus tendon at the anterior humeral attachment. There is 10mm of tendon retraction from the tear site. 2. Small right shoulder joint effusion

with fluid extending through the tendon tear into the subdeltoid bursa. 3. Grade 2 tenosynovitis of the long head of the biceps.

05-01-13: Radiology Peer Review. Lumbar Spine MRI on 04-17-13. Conclusion: Multilevel disc and facet degeneration. All of these findings, including the anular tear and the potential L4-5 slippage, are entirely compatible with, and typical of, chronic degenerative disc and facet disease. There is no MRI evidence of acute or traumatic pathology or aggravation or of anything that can be attributed in reasonable medical probability to events on a particular date such as xx/xx/xx.

06-06-13: DTI Testing. Impression: Abnormal because of the prolonged sensory latency with stimulation of the left median nerve and the prolonged motor latency with stimulation of the left median nerve indicating trauma or entrapment of the left median nerve at the wrist. The slowing in the right median nerve between elbow and wrist indicates trauma or entrapment of the right median nerve in the forearm. The prolonged left tibial latency indicates trauma or entrapment of the left tibial nerve at the ankle. Further clinical correlation is recommended. EMG: The significant abnormalities included positive sharp waves in the right abductor pollicis brevis and the left peroneus longus with an increase in frequency of polyphasic potentials in the right abductor pollicis brevis, left abductor pollicis brevis, right peroneus longus, and left peroneus longus. These abnormalities suggest a bilateral C8 or T1 radiculopathy and a bilateral S1 radiculopathy. The possibility of spinal stenosis with multiple nerve root impingements should be considered.

06-10-13: Follow Up Report. The claimant presents with right hip, neck and low back pain that she rates 7/10. Upon examination, claimant has positive cervical and lumbar paraspinal tenderness with decreased ROM. Assessment: 1. Good pain control with current regimen. 2. Right hip pain. 3. Lumbar disk displacement. 4. Cervical disk displacement. 5. Cervical radicular sx's. 6. Lumbar radicular sx's. Plan: Candidate for lumbar or cervical ESI, advance home exercise/PT program as tolerated and resume hydrocodone 5/325.

07-08-13: Follow Up Report. The claimant presents with neck and left shoulder pain that she rates 7/10. Upon examination, claimant has positive decreased ROM in all fields of the left shoulder. Along with positive lumbar paraspinal tenderness with decreased ROM. Assessment: 1. Good pain control with current regimen. 2. Cervicalgia. 3. Cervical sprain/strain. 4. Myofascial pain syndrome. 5. Abnormality of gait. 6. Lumbar spondylolisthesis.

07-12-13: Follow Up Report. Upon examination, claimant has 4/4 right lumbar facet paraspinal tenderness with 25% decreased ROM. Along with positive right facet rocking and 4/4 right greater trochanter tenderness. Her straight leg raising is 90 degrees bilaterally. Negative motor and sensory deficits to the extremities. Assessment: LS Facet Syndrome and right greater trochanter bursitis. D/t failed conservative care, it is medically necessary to perform a right LS Facet Medial Branch Block at L4-L5.

08-16-13: Procedure Note. Right medial branch blocks L4 and L5 performed.

09-16-13: Follow Up Report. The claimant presents today s/p right LS Facet MBB at L4-L5 which helped 100% for several days. Still having low back pain she rates 4-7/10 with negative numbness in legs. Upon examination, the claimant has ¾ right lumbar facet paraspinal tenderness with 5% increased ROM. Assessment: 1. Great results with interventional management. 2. Positive confirmation of LS Facets as the source of her pain. Plan: D/t failed conservative care it is medically necessary to perform a Right LS Facet Rhizotomy at L4-L5.

10-25-13: Procedure Note. Right lumbosacral facet rhizotomy at L4 and L5 performed.

11-11-13: Follow Up Report. The claimant presents s/p right L-S facet Rhizotomy helped 70%. She states low back pain 0-4/10, left shoulder pain 7/10. Upon examination, the claimant has decreased right lumbar facet paraspinal tenderness with 5% increased ROM. She has negative sensory deficits to the lower extremities bilaterally. The claimant is able to walk without a cane. A chronic pain program was recommended.

01-20-14: Follow Up Report. The claimant presents with worsening neck pain and low back pain. Low back pain rated 2-4/10 and neck pain rated 3-7/10. Upon examination, the claimant has 4/4 cervical paraspinal tenderness with 5% decreased ROM. Mild lumbar paraspinal tenderness with fair ROM. Positive sensory deficits to the right upper extremity. 3/4 left pectarolis tenderness and 3/4 left trapezium tenderness. 4/5 motor deficits to the right upper extremity. Plan: Cervical ESI at C6-C7.

01-28-14: URA. Rationale for Denial: Official Disability Guidelines require lower levels of care such as physical therapy. There are no physical therapy notes provided for review to document the lower levels of care. There should be objective evidence of radiculopathy. There is no decreased sensation in a dermatomal distribution, decreased strength in a myotomal distribution, or loss of relevant reflex. I spoke about this case. stated the claimant has some motor weakness in the right upper extremity. The claimant does have a disc protrusion at C6-C7, which may impinge the C7 nerve root. However, there has been no objective physical exam evidence of C7 nerve root impingement documented in the records. There has been no clear description of pain numbness or tingling in a C7 distribution. The request for a cervical epidural steroid injection at C6-7 is not certified.

02-07-14: URA. Rationale for denial: Based on the clinical information provided, the reconsideration request for cervical epidural steroid injection C6-7 is not recommended as medically necessary. The initial request was non-certified noting that ODG requires lower levels of care such as physical therapy. There are no physical therapy notes provided for review to document lower levels of care. There should be objective evidence of radiculopathy. There is no decreased sensation in a dermatomal distribution, decreased strength in a myotomal

distribution, or loss of relevant reflex. There is insufficient information to support a change in determination, and the previous non-certification is upheld. The patient's physical examination fails to establish the presence of active cervical radiculopathy. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review.

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

The previous adverse determinations are upheld. In order to approve this request, per ODG, there must be evidence of radiculopathy and demonstrated failure of conservative therapy such as oral medication, physical therapy, etc. There are no physical therapy notes to demonstrate failure of conservative care. Additionally, there must be demonstration of radiculopathy. Physical examination does not show decreased sensation in a dermatomal distribution, decreased strength in a myotomal distribution, or loss of relevant reflex. Thus, there is no presence of active cervical radiculopathy. Therefore, the request for Cervical Epidural Steroid Injection C6-C7 remains non-certified.

Per ODG:

**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 and 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)**