

# Medical Assessments, Inc.

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## Notice of Independent Review Decision

February 17, 2014

### **IRO CASE #:**

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

Cervical Epidural Steroid C7-T1 #2

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

The Reviewer is Board Certified in the area of Anesthesiology 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:**

10/21/2013: MRI of the Cervical Spine  
10/21/2013: MRI of the Thoracic Spine  
10/31/2013: Evaluation  
11/25/2013: Evaluation  
12/10/2013: UR  
01/17/2014: UR

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

The claimant is a female who was injured on xx/xx/xx. The claimant was diagnosed with displacement of cervical intervertebral disc without myelopathy.

10/21/2013: MRI of the Cervical Spine. **Impressions: 1.** Dynamic disc herniation and retrolisthesis at C3-4 with cord compression during standing

weight-bearing imaging. 2. Dynamic disc herniation and C7-T1 with cord compression and compression of both C8 nerve root seen only on the standing views. 3. Solid-appearing anterior fusion from C4-C6.

10/21/2013: MRI of the Thoracic Spine. **Impression:** 1. Disc bulges at T5-6 and T6-7 without neural encroachment. 2. No other abnormalities are identified in the thoracic spine.

10/31/2013: Evaluation. VAS score is 8/10. The pain is primarily to the neck bilaterally with pain radiating into her shoulders. Describes it as constant sharp, shooting, aching, and burning. Experiencing constant numbness to left hand pinky. Pain increases with sitting, driving and lifting arms alleviated mildly with massage and chiropractor. Reports episodes headaches, migraines, are occurring twice a week as compared to once a month. Administering mobic alleviates the headache. Administering Mobic 15mg 1 tablet but has been able to administer soma since w/c has not approved the medications. Administering Tylenol otc 2-3/day. Pain is keeping her up at night, poor sleep. **Current Medications:** Mobic 15mg, Butalbital/Acetaminophen/Caffeine/Codeine. **Surgical History:** Cervical fusion x2 by Sr. Swann in 1999 and 2002. **Physical Examination:** Positive left trapezius, left levator scapulae and left pectoralis major. Decreased sensation to the left arm (C-5). Decreased sensation with paresthesia to left C5, C6, and C7. **Orders:** Meds Prescribed: Flexeril. The claimant has not had any improvement with the Mobic she received and her insurance did not approve the soma. I have reviewed the MRI results which indicate she has cervical disc herniations. Discontinuing the soma and adding flexeril which in on the formulary to be taken as directed. Will proceed with CESI.

11/25/2013: Evaluation. The claimant returned for Cervical ESI #1. She describes her pain as constant, dull and sharp at the current time, the location of her pain is primarily bilateral neck. The pain also radiates to the upper thoracic spine and bilateral shoulders. The claimant reports a VAS scoring as 8. Verbal rating scale is reported as moderate today. She notes some temporary pain relief with ice. The pain worsens with activity and raising her arms. Claimant is sleeping most of the night, waking 2-3 times during the night. **Procedure:** Cervical Translaminar Epidural Steroid Injection. **Plan:** Repeat Cervical Translaminar Epidural Steroid Injection.

12/10/2013: UR. Rational for Denial: The Official Disability Guidelines-Treatment in Worker's Compensation state that prior to consideration of epidural steroid injections, the individual must be unresponsive to conservative measures. There is no documentation of home-based exercise program or physical therapy. There is no documentation of 50% pain relief for six to eight weeks with decreased use of medication or increased function after the last injection on November 25, 2013, as indicated by the guidelines for repeat injection. Based upon the medical documentation provided for review and the peer-reviewed, evidence-based guidelines, the request is not medically supported. The request for cervical epidural steroid injection at C7-T1, number two is not certified.

01/17/2014: UR. Rational for Denial: The request was previously noncertified on December 10, 2013, due to lack of documentation of exhaustion of lower levels of conservative care with home-based exercise program and physical therapy, and as there was no documentation of 50% pain relief for six to eight weeks with decreased use of medications or increased function after the last injection. The additional provided for review is the record of the phone call to the claimant on December 10, 2013. The previous non-certification is supported. The phone call documented 50-60% pain relief and decrease in medication use, but this was only a little over two weeks after the first cervical epidural steroid injection from November 25, 2013. There is no further documentation, as required by the guidelines, that documents at least 50% pain relief for six to eight weeks before repeat blocks would be supported. There is no documentation of failure of other lower levels of conservative care prior to consideration of epidural steroid injection. Based upon the medical documentation provided for review and the peer-reviewed, evidence-based guidelines, the request is not medically supported. The appeal request for cervical epidural steroid injection at C7-T1, number two is not certified.

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

The previous adverse determinations are upheld. There continues to be a lack of documentation demonstrating that the first injection performed provided greater than 50% pain relief for six to eight weeks. Additionally, there is no documentation proving exhaustion of conservative measures prior to epidural steroid injection. Per ODG, there must be documentation of exhaustion of conservative therapy and relief of 50-60% for at least six to eight weeks from the first injection to justify a second injection. Therefore, this request for Cervical Epidural Steroid C7-T1 #2 is non-certified at this time.

## 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)**