

# Becket Systems

An Independent Review Organization  
815-A Brazos St #499  
Austin, TX 78701  
Phone: (512) 553-0360  
Fax: (207) 470-1075  
Email: manager@becketsystems.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Jan/30/2014

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** second cervical ESI C4, C5 with catheter and IV sedation

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** D.O., Board Certified Physical Medicine and Rehabilitation and Pain Medicine

**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 health care service in dispute.** It is the opinion of the reviewer that the request for second cervical ESI C4, C5 with catheter and IV sedation is not recommended as medically necessary.

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

ODG - Official Disability Guidelines & Treatment Guidelines  
Utilization review determination dated 12/23/13, 12/17/13, 11/11/13  
Visit note dated 11/18/13, 10/08/13, 09/24/13, 12/17/13  
Encounter note dated 08/12/13, 07/30/13  
Follow up note dated 06/25/13  
Electrodiagnostic consultation dated 06/12/13  
Functional capacity evaluation dated 08/01/13  
Cervical MRI dated 03/04/13  
Patient history information dated 09/24/13

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male whose date of injury is xx/xx/xx. MRI of the cervical spine dated 03/04/13 revealed 7 mm right paracentral disc protrusion with compression of the ventral aspect of the cervical cord at C4-5 with no significant foraminal stenosis. The remaining levels revealed no disc herniation, no significant canal or foraminal stenosis. Electrodiagnostic consultation dated 06/12/13 revealed evidence of mild/moderate right median neuropathy at the level of the wrist consistent with carpal tunnel syndrome; there is no electrodiagnostic evidence of a right upper extremity cervical radiculopathy or brachial plexopathy. The patient underwent cervical epidural steroid injection on 11/18/13. Follow up note dated 12/17/13 indicates that the patient is starting to have bilateral neck discomfort again. The patient reported that pain was relieved 60-70% with the first epidural steroid injection. Medications are listed as naproxen, Flexeril, ibuprofen and Tramadol. On physical examination Spurling's maneuver causes pain radiating to the bilateral lateral shoulders. There is decreased range of motion, moderate spasm and pain with palpation throughout the cervical spine. There is pain with rotation and

compression bilaterally. There is also pain with palpation over the facets. Tone, bulk and strength are normal in the upper extremities, and deep tendon reflexes are intact.

Initial request for second cervical epidural steroid injection C4, C5 with catheter and IV sedation was non-certified on 12/17/13 noting that the first epidural steroid injection was done a month ago and there has not been a follow up to verify the results, ongoing radiculopathy or a therapeutic duration of action. The denial was upheld on appeal dated 12/23/13 noting that the initial epidural steroid injection provided only 3 weeks of pain relief, compared to the ODG criterion that at least 6-8 weeks of greater than 50% pain relief is necessary to justify a subsequent epidural steroid injection. The note of 12/17/13 states that there has been 3 months of 70% pain relief, but this is incorrect, since the injection was done on 11/18/13, only a bit over 4 weeks ago.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The patient underwent initial cervical epidural steroid injection on 11/18/13. The submitted records document 70% pain relief for 4 weeks. There is no more recent follow up note submitted for review to establish at least 6-8 weeks of pain relief as required by the Official Disability Guidelines. Additionally, the Official Disability Guidelines do not support adhesiolysis. As such, it is the opinion of the reviewer that the request for second cervical ESI C4, C5 with catheter and IV sedation is not recommended as medically necessary.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

ACOEM-AMERICA 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)