

AccuReview

An Independent Review Organization

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Notice of Independent Review Decision

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

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical Epidural Steroid Injection (#62310, #72275), level unspecified

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

This physician is Board Certified in Rehabilitation and Physical Medicine with over 22 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 male was involved in an on the job injury on xx/xx/xx. He reported when he slipped and fell, landing on the ground hitting him in his right shoulder and right chest. He developed pain and tingling down his right upper extremity into his right index and middle fingers, as well as some nagging pain around the right side of his neck.

08-09-99: Office Visit. Claimant complained of pain and weakness in his hand. Allergies: PCN, Codeine. PE: Musculoskeletal: He has tenderness over the right side of the cervical spine, mild tenderness in his right trapezius. Neurologically: 4/5 strength throughout his right upper extremity. Impression: Acute cervical herniated nucleus pulposus with cervical radiculopathy versus brachial plexopathy. Plan: MRI cervical spine, EMG and nerve conduction of the

right upper extremity. Started on Elavil 10mg QHS for sleep aide and Vioxx 12.5mg as anti-inflammatory. Follow up in 4 wks.

08-28-06: Operative Note. Pre-Operative Diagnosis: 1. Chronic intractable neck and bilateral upper extremity pain left greater than right. 2. C5-6 disc protrusion. Postoperative Diagnosis: 1. Chronic intractable neck and bilateral upper extremity pain left greater than right. 2. C5-6 disc protrusion.

04-23-07: Operative Note. Preoperative Diagnosis: 1. Flare-up of intractable neck and bilateral upper extremity radicular symptoms. 2. History of C5-6 disc protrusion. Postoperative Diagnosis: 1. Flare-up of intractable neck and bilateral upper extremity radicular symptoms. 2. History of C5-6 disc protrusion.

10-15-07: Operative Note. Preoperative Diagnosis: 1. Intractable neck pain. 2. Bilateral upper extremity radicular pain. 3. C5-6 disc protrusion. Postoperative Diagnosis: 1. Intractable neck pain. 2. Bilateral upper extremity radicular pain. 3. C5-6 disc protrusion.

05-22-08: Operative Note. Preoperative Diagnosis: 1. Cervicalgia. 2. Bilateral upper extremity radiculopathy. Postoperative Diagnosis: same.

10-13-08: Office Visit. Claimant complained of neck pain into LUE, entire neck, referred to left upper extremity. Claimant has done well with ESIs and would like to repeat, not interested in surgery at this time. Objective: Musculoskeletal: Cervical Spine: Biceps reflex normal +2/4. Lumbar spine: tenderness to midline, tenderness posteriorly, AROM flexion – restricted to LBP, extension restricted to LBP, SI joint tenderness. Assessment: 723.4 Cervical radiculopathy, left. Medications, new: Temazepam, Vicodin. Plan: Comments: history of C5-6 disc protrusion with flare-up of neck and LUE radicular pain. Plan to repeat cervical ESI.

10-27-08: Surgical Note. Assessment: 723.4 Cervical radiculopathy.

01-26-09: Office Visit. Chief complaint: flare up of neck pain and radic pain into L hand little ROM. Objective: Musculoskeletal: Cervical spine: tenderness off midline bilaterally in a symmetrical distribution. AROM flexion and extension are restricted. Nerve and spinal cord tension-compression signs: Spurling's Maneuver is positive with reproduction of pain into left upper extremity. Assessment: 723.4 Cervical radiculopathy, left. Plan: increase Vicodin for now, repeat CESI with manipulation under anesthesia.

02-19-09: Operative Note. Preoperative Diagnosis: 1. Cervical radiculopathy, 2. Cervical spondylosis, 3. Intractable pain secondary to #1 and #2. Postoperative Diagnosis: same.

08-17-09: Operative Note. Preoperative Diagnosis: 1. Flare up of intractable neck and right upper extremity radicular pain, 2. C5-6 disc protrusion. Postoperative Diagnosis: same.

01-14-10: Independent Medical Evaluation. Determination: Ongoing ESI and medications would benefit the appropriate evidence based medical treatment plan. The claimant has a chronic disc bulge with recurrent episodes of radiculopathy for which he wishes to avoid surgery. He is working. He takes minimal narcotics, 20 a month, and he is taking a sleeping pill as needed at night when his neck is stiff and he has increasing pain, especially with changes in the weather and when it is damp out. He estimates he only has epidural steroids about twice a year and this gives him excellent results and increases his function greater than 50% for at least one month and sometimes three, and he does wish to limit it to no more than two a year, which is appropriate. Therefore, this claimant would benefit from up to two ESI injections per year, the use of pain medication and a sleeping pill are indeed the appropriate care. He should be evaluated every 3-4 months for reevaluation.

05-13-10: Office Visit. Chief complaint: s/p WC-denial, ongoing neck and LUE pain, c/o neck and LUE radic pain. Objective: Musculoskeletal: Cervical spine: tenderness off midline bilaterally in a symmetrical distribution in the trapezius – moderate, AROM flexion – restricted, posterior neck pain bilaterally – moderate. Extension – restricted, posterior neck pain bilaterally – moderate, radicular pain on left only, positive Lhermitte's. Right and left lateral rotation–restricted. Spurling's maneuver is positive with reproduction of pain into left upper extremity. Assessment: 723.4 Cervical radiculopathy, left. Plan: will resubmit for CESI.

12-05-11: Office Visit. Chief complaint: neck. C/O increased neck pain with also now c/o increased numbness & tingling in L hand & requested ESI to control pain. ROS: musculoskeletal: neck pain, joint pain, and stiffness in joints. Objective: Musculoskeletal: cervical spine: tenderness off midline bilaterally in a symmetrical distribution in the trapezius-moderate. AROM, flexion-restricted, posterior neck pain bilaterally-moderate. Extension-restricted, posterior neck pain bilaterally-mild. Right lateral rotation-restricted, posterior neck pain bilaterally-mild. Left lateral rotation-restricted posterior neck pain bilaterally-mild. Drug screen: + MOP/OPI, + BZO, + OXY. Assessment: 723.4 Cervical radiculopathy, V58.69 Med management, V58.83 Encounter for other and unspecified procedures and aftercare: Encounter for therapeutic drug monitoring. New medications: Robaxin 750mg. Plan: pre-auth for cervical ESI.

07-22-13: Operative Report. Preoperative Diagnosis: 1. Flare-up of intractable neck and left upper extremity radicular pain. 2. History of C5-6 disc protrusion. Postoperative Diagnosis: same.

08-12-13: Office Visit. Chief complaint: neck. s/p cervical ESI w/improvement, one of the best pain improvements that he has had, still currently working. ROS: musculoskeletal: limitation of use of a joint, muscle pain, neck pain, joint pain, and stiffness in joints. Psychiatric: having trouble sleeping. Objective: Musculoskeletal: cervical spine: tenderness off midline bilaterally in a symmetrical distribution in the trapezius-moderate. AROM, flexion-restricted, posterior neck pain bilaterally-moderate. Extension-restricted, posterior neck pain

bilaterally-mild. Right lateral rotation-restricted, posterior neck pain bilaterally-moderate. Left lateral rotation-restricted posterior neck pain bilaterally-moderate. Assessment: 723.4 Cervical radiculopathy. Plan: follow up as needed.

01-23-14: Office Visit. Chief complaint: neck pain. Claimant is 6 months f/u with neck pain, flare up of pain RUE pain with tingling in hand. Claimant stated he does very well with ESI and would like to repeat. ROS: musculoskeletal: limitation of use of a joint, muscle pain, neck pain, joint pain, and stiffness in joints. Psychiatric: having trouble sleeping. Objective: Musculoskeletal: cervical spine: tenderness off midline bilaterally in a symmetrical distribution in the trapezius-moderate. AROM, flexion-restricted, posterior neck pain bilaterally-moderate. Extension-restricted, posterior neck pain bilaterally-mild. Right lateral rotation-restricted, posterior neck pain bilaterally-moderate. Left lateral rotation-restricted posterior neck pain bilaterally-moderate. Assessment: 723.4 Cervical radiculopathy. Plan: comments: claimant is having a flare up of radicular pain and always does well with ESI, plan to repeat CESI.

01-28-14: UR. Reason for denial: The history and documentation do not objectively support the request for a repeat cervical ESI, level unknown, at this time. The ODG state, "criteria for the use of ESI: 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)... 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007). There is no evidence of radiating pain that is consistent with radiculopathy on physical examination and no electromyography (EMG) demonstrating radiculopathy has been reported. No focal neurologic deficits consistent with radiculopathy have been documented. The results of an imaging study, if any, are not noted and there is no evidence of nerve root compression. It is not clear whether the claimant has exhausted all other reasonable treatment for his recurrent symptoms or whether he has been involved in an ongoing rehab program. The medical necessity of this request has not been clearly demonstrated and clarification was not obtained.

02-06-14: UR. Reason for denial: The request for cervical ESI is not medically necessary and appropriate. Per the ODG, "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" and symptoms must be "initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)". The physical examination findings are limited to positive bilateral Spurling's tests, and there are no corroborating imaging studies and/or electrodiagnostic testing available for review in the included clinical documentation. Additionally, there is no documentation of prior conservative treatment, including exercises or physical therapy.

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. There is no objective evidence on exam of radiculopathy - there is not a documented recent neurological exam or provocative nerve root testing, there is no notation of imaging studies, there are no results of any electrodiagnostic studies, there is no evidence of conservative care in the form of physical rehabilitation. Per ODG criteria, there is no objective documentation to satisfy certification. Therefore, after review of the medical records and documentation provided, the request for Cervical Epidural Steroid Injection (#62310, #72275), level unspecified is not medically necessary and denied.

Per ODG:

<p>Epidural steroid injection (ESI)</p>	<p>Criteria for the use of Epidural steroid injections, therapeutic: <i>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.</i></p> <ol style="list-style-type: none"> (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. <p>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:</p> <ol style="list-style-type: none"> (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.
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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)**