

CASEREVIEW

8017 Sitka Street
Fort Worth, TX 76137
Phone: 817-226-6328
Fax: 817-612-6558

Notice of Independent Review Decision

E -WC

July 23, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient C7-T1 ILESI with catheter to left C4-5

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

This physician is Board Certified in Anesthesiology with over 7 years of experience including Pain Management.

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.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a xx year old who was injured in a MVC on xx/xx/xx. He underwent hand surgery at the time and suffered from a concussion. He has seen for neurosurgery and for neurology. He also underwent PT for his neck and shoulder.

On December 18, 2014, CT Cervical Spine, Impression: No acute fracture or traumatic subluxation.

On February 16, 2015, MRI Cervical Spine, Impression: 1. Mild multilevel central stenosis at C3/4 through C6/7. 2. Moderate left foraminal narrowing at C2/3 and C4/5. Moderate bilateral foraminal narrowing at C3/4 and C5/6. Moderate right foraminal narrowing at C6/7. 3. Small perineural cyst in the left C6/7 neural foramen.

On April 10, 2015, the claimant presented with neck and LUE pain. His pain was described a burning with radiation down his left arm. He had associated numbness/tingling in his left arm. Medications included Hydrocodone, Tramadol and Tylenol #3. On examination DTRs were 2+. Hoffman's was negative bilaterally. There was good sensation to light

touch. TTP over posterior neck and paraspinal musculature. Good ROM in neck but pain with extension. Strength 5/5. Assessment: Cervicalgia, Degeneration of cervical intervertebral disc, Brachial neuritis, Cervical spondylosis without myelopathy, Myalgia and myositis, Chronic pain syndrome. Plan: 1. Trial Nucynta 75 mg. 2. Get MRI report. 3. Schedule C7-T1 ILESI with catheter focused to left side.

On April 20, 2015, the claimant presented with complaints of his pain worsening when he is performing duties like jack hammering and other repetitive heavy labor. He described a "numb pain" in his left shoulder and upper arm. He also reported not tolerating Nucynta very well, although it did relieve pain. On examination DTR Biceps 2+ bilaterally, left triceps 1+, right triceps 2+. Altered sensation in left neck, shoulder, and upper arm. 5/5 strength bilaterally. TTP over poster neck. Hoffman's negative bilaterally. Diminished ROM in neck with lateral rotation on both sides. Plan: Continue Hydrocodone and reschedule C7-Ti ILESI.

On May 4, 2015, Procedural Note. Procedure: Fluoroscopically guided Interlaminar Cervical Epidural Steroid Injection (CESI) at T1-T2.

On May 26, 2015, the claimant presented reporting 30% reduction in pain and has improved mobility. Plan: Refill Norco 7.5-325 mg, continue Flexeril 5 mg, repeat C7-T1 ILESI.

On June 2, 2015, UR. Rationale for Denial: Medical necessity is not established in the presented documentation; in the therapeutic phase, repeat blocks should only be offered if there is at least fifty percent (50%) pain relief for six to eight (6-8) weeks.

On June 30, 2015, the claimant presented reporting that his pain fluctuates and is returning more frequently. On examination DTR Biceps 2+ bilaterally, left triceps 1+, right triceps 2+. Altered sensation in left neck, shoulder, and upper arm. 5/5 strength bilaterally. TTP over poster neck. Hoffman's negative bilaterally. Diminished ROM in neck with lateral rotation on both sides. The claimant reported he had some good relief with the cervical ESI and was pleased with the result and would like it again. He still had residual pain, but better than before his first injection. Plan: Continue Norco 7.5-325 mg, continue Flexeril 5 mg and repeat C7-T1 injection.

On July 15, 2015, UR. Rationale for Denial: ODG requires at least fifty (50) percent pain relief for six to eight (6-8) weeks after the first cervical epidural steroid injection to warrant repeating the procedure. This criteria is not met.

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

The previous adverse determinations are upheld. ODG requires at least fifty (50) percent pain relief for six to eight (6-8) weeks after the first cervical epidural steroid injection to warrant repeating the procedure. Claimant reports 30% reduction in pain after the first procedure. No duration of pain relief is reported. Therefore, this request for Outpatient C7-T1 ILESI with catheter to left C4-5 is 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;
- (12) Additional criteria based on evidence of risk:
 - (a) ESIs are not recommended higher than the C6-7 level;
 - (b) Cervical interlaminar ESI is not recommended; &
 - (c) Particulate steroids should not be used. ([Benzon, 2015](#))

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)