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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/11/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Left C5/C6 Epidural steroid injection

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: MD, Board Certified Orthopedic Surgeon

REVIEW OUTCOME: Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] 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 this reviewer that the request for a left C5-6 epidural steroid injection is not medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: Patient is a female. On 07/29/14, she was seen in clinic. She described pain to the neck rated at 6/10. Trigger point injections were given at that time. On 09/05/14, the patient returned to clinic. At that time she stated she had been involved in a motor vehicle accident and had done 12 weeks of physical therapy apparently by college students. It was noted she had been previously recommended for an epidural steroid injection but apparently there were scheduling issues. On exam, upper extremity strength was symmetrical and present in all muscle groups tested, reflexes were symmetrical, present and normal and light touch sensation was normal for all cervical dermatomes. On 10/20/14, the patient was given a cervical epidural steroid injection to the left at C5-6 with IV monitored anesthesia. On 11/17/14, the patient returned to clinic. She stated that numbness and pain down her left arm had improved by at least 50% and was no longer constant but was intermittent. She noted her headaches had improved too. She continued to have numbness in her forearm and last 2 digits. Upon exam, upper extremity strength, reflexes and sensation were normal. On 06/09/15, the patient returned to clinic. She continued to complain of neck pain. Her gait was balanced. A repeat epidural steroid injection was recommended.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: On 06/24/15, a utilization review determination letter was submitted noting the request did not meet established standards of medical necessity. That report utilized the 06/23/15 peer review which confirmed that the patient had an epidural steroid injection in October of 2014 and there was improvement with the injection. There was recurrent neck and shoulder pain. There were no reflex, motor or sensory changes on exam and no MRI report was submitted for review. It was further noted there was no evidence of acute radiculopathy and an epidural steroid injection was not medically necessary per the guidelines. Therefore the request was non-certified. On

07/13/15, a utilization review determination letter on appeal, noted the request for a left C5-6 epidural steroid injection was not medically necessary. That report utilized the 07/09/15 peer review in which it was noted the MRI showed a disc protrusion but there was no reflex, motor or sensory change on exam. There was no objective evidence of acute radiculopathy and therefore the request did not meet guideline criteria.

For this review, an MRI of the cervical spine performed on 05/27/14 was submitted. At C5-6 level, there was a 2mm left paracentral disc protrusion effacing the ventral subarachnoid space and slightly indenting and deforming the ventral cord surface to the left of midline and there was no significant central or foraminal stenosis. The records indicate the patient was seen on 09/05/14, and described subjective complaints of pain shooting down the left arm and numbness in the last 2 digits, but on exam, strength, sensation and reflexes were stated to be normal. The patient was given a steroid injection to the left at C5-6 on 10/20/14, and when she returned on 11/17/14, she reported improvement by at least 50% of her numbness and pain going down the left arm as well as improvement in her headaches. However, on that exam, strength, sensation and reflexes were normal.

For this injection, the guidelines state that although not recommended the procedure may be supported as an outlier to the guidelines. If provided, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. For this review, the MRI fails to reveal significant neural compression at the involved level. The patient is neurologically intact with normal strength, normal reflexes and normal sensation. Therefore it is the opinion of this reviewer that the request for a left C5-6 epidural steroid injection is not medically necessary and the prior denials are upheld.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)