

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** DECEMBER 30, 2014

**IRO CASE #:**

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

Medical necessity of proposed Cervical Epidural steroid injection left C5-7, transforaminal approach with fluoroscopic guidance (64479, 64480, 77003)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical Medicine and Rehabilitation and is engaged in the full time practice of 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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
727.61	64479		Prosp	1			Xx/xx/xx	xxxxx	Upheld
727.61	64480		Prosp	1			Xx/xx/xx	xxxxx	Upheld
727.61	77003		Prosp	1			Xx/xx/xx	xxxxx	Upheld

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

The injured employee is a male who reported a work-related injury, which occurred on xx/xx/xx. An injury to the left shoulder was also reported.

A cervical spine MRI was performed on January 25, 2010. The impression was:

1. A right-sided disc herniation at C3-C4 and
2. A diffuse disc herniation slightly more to the left at C5-C6 and a diffuse disc herniation at C6-C7 were noted.

Electrodiagnostic testing of the left upper extremity was performed on May 10, 2010. It was noted that the left shoulder surgery had been performed, and complaints of left arm pain and numbness had been present for approximately one year. The impression made was:

1. A left median neuropathy at the wrist,
2. An ulnar neuropathy at the elbow, and
3. A radiculopathy at C5-C6 greater than C6-C7 on the left.

A cervical spine MRI was performed on August 21, 2013. The impression was:

1. There was a 2 mm right paracentral disc herniation at the level of C3-C4,
2. A predominantly left-sided disc herniation of 3 mm was at C5-C6, and
3. There were bilateral disc herniations at C6-C7.

The injured employee was evaluated on September 8, 2014. It was noted that the injured employee was last evaluated on June 23, 2014. A complaint of neck pain was reported. The neck pain radiated down the left arm to the left wrist. Muscle tightness and spasming in the left trapezius was reported and there was numbness and tingling in the left arm. The pain was rated at 8/10 in intensity. The current medications were Norco 10/325 mg, and Amrix 15 mg. The physical examination revealed normal muscular bulk and tone with a full range of motion of the extremities. The spine appeared straight. There was moderate tenderness over the left cervical paravertebral region. Moderate muscle spasms were noted over the left trapezius. The range of motion was markedly restricted. There was normal motor function in the C5 through T1 myotomes. The deep tendon reflexes were normal and symmetric. Sensation was diminished over the left C6-C7 dermatomes. The assessments made were cervical radiculopathy, cervical pain syndrome, left carpal tunnel syndrome, cervicogenic headache, cervical facet arthropathy/dysfunction, an abnormal MRI of the cervical spine, and status post left shoulder surgery in September 29, 2009. It was noted that the cervical epidural steroid injections had been performed on the left at C5-C6 and C6-C7 on June 25, 2013, which provided 40% relief of neck pain lasting for months. The previous injections on June 12, 2012, provided 40% relief of neck pain and left arm pain lasting three to four months. The previous injection on January 24, 2012, provided 25% relief of left arm radicular symptoms lasting for months. Transforaminal epidural steroid injections on the left at C5-C6 and C6-C7 were recommended.

A Peer Review was completed on September 17, 2014. It was noted that the request for a cervical epidural steroid injection was not supported, as there was no documentation of at least 50% pain relief with continued objectively documented pain and functional response.

re-evaluated the employee on October 6, 2014. Continued complaints of neck pain rating to the left upper extremity were reported. There was no change in the physical examination. The previous medications were continued and left C5-C6 and C6-C7 transforaminal epidural steroid injections were recommended.

A Peer Review was completed on October 15, 2014. It was noted that the request for cervical epidural steroid injections was not supported, as there was no documentation of at least 50% pain relief lasting six to eight weeks after the prior injections.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

**RATIONALE:**

As noted in the Division-mandated Official Disability Guidelines Neck & Upper Back Chapter, (updated November 18, 2014,) 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 four blocks per region per year. Repeat injections should be based on continued objectively documented pain and function response. The neck records provided for review indicated that the

injured employee received, at most, 40% pain relief with the previous epidural steroid injections. Additionally, there was no documentation of continued objectively documented pain and function response, with evidence of decreased medication usage and increased function. The physical examination findings provided for review did not document objective evidence of significant radiculopathy such as motor weakness or asymmetrical deep tendon reflexes. Based on these factors the request for cervical epidural steroid injections at C5 through C7 would not be supported.

ODG -TWC

ODG Treatment

Integrated Treatment/Disability Duration Guidelines

Neck and Upper Back (Acute & Chronic)

Back to ODG - TWC Index

Criteria for the use of Epidural steroid injections, therapeutic:

(1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.

(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 four blocks per region per year.

(8) Repeat injections should be based on continued objective documented pain and function response.

**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
- XX  DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- XX  MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
  
- MILLIMAN CARE GUIDELINES
  
- XX  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)