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An Independent Review Organization

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Date of Notice:

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Family Medicine

Description of the service or services in dispute:

2nd cervical ESI at C7-T1

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)

Patient Clinical History (Summary)

The patient is a male whose date of injury is xx/xx/xx. The patient has a history of lumbar spinal fusion in 1999. The patient was treated with physical therapy, TENS unit, massage and home exercise program. MRI of the cervical spine dated 09/03/13 revealed at C7-T1 there is a prominent broad based right foraminal disc protrusion which causes mild effacement of the thecal sac and the anterior right margin of the spinal cord at this level as well as moderate right sided neural foraminal narrowing. Designated doctor evaluation dated 01/13/14 indicates that the patient has not reached MMI. The patient underwent cervical epidural steroid injection on 04/28/14 and reported that he did have approximately 2 weeks or more relief of pain with the first injection. Note dated 08/25/14 indicates that he did get some short term relief after his first cervical injection a few months ago. Follow up note dated 10/31/14 indicates that current medication is Norco. On physical examination cervical range of motion is reduced with tenderness to palpation of the right cervical thoracic paraspinal muscles. Reflexes are physiologic and symmetrical. There are no discrete neurologic deficits. Strength is intact. Sensation testing is normal to light touch. The patient underwent epidural steroid injection C7-T1 on 11/19/14. Office visit note dated 12/05/14 indicates that pain is rated as 5/10. Reflexes are physiologic and symmetrical. There are no discrete neurologic deficits. Strength is intact. This note states that the patient reported approximately 50-75% relief of his pain for about 7-10 days after prior C7-T1 epidural steroid injection.

Initial request for 2nd cervical epidural steroid injection at C7-T1 was non-certified on 12/01/14 noting that the prior injection was done only 2 weeks ago so there has been insufficient passage of time thus far to warrant repeating or validate a therapeutic result. Second, the current exam indicates no neurologic findings so there is no clinical support for an epidural steroid injection at this time as well. The denial was upheld on appeal dated 12/15/14 noting that the clinical note dated 12/05/14 reported physical examination findings of decreased range of motion, no discrete neurological findings, reflexes physiologic and symmetrical, strength intact and sensation normal. The ODG states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There was no imaging study provided for review that would correlate with recent physical examination findings of an active radiculopathy at the C7-T1 level. Furthermore, it was noted that the patient had great, but only temporary relief following the previous injection. The ODG states that in the therapeutic phase, repeat blocks should only be offered if there is at least 50% pain relief for six to eight weeks.

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 at C7-T1 on 11/19/14. Follow up note dated 12/05/14 indicates that the patient reported approximately 50-75% relief of his pain for about 7-10 days after prior C7-T1 epidural steroid injection. The Official Disability Guidelines require documentation of at least 50% pain relief for at least 6 weeks prior to the performance of a repeat epidural steroid injection. Additionally, the Official Disability Guidelines require documentation of radiculopathy on physical examination. The patient's physical examination fails to establish the presence of active cervical radiculopathy. As such, it is the opinion of the reviewer that the request for 2nd cervical epidural steroid injection at C7-T1 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 and Environmental Medicine um
- knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)