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An Independent Review Organization

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DATE NOTICE SENT TO ALL PARTIES: May/03/2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: C6-7 Epidural Steroid Injection

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

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)

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 the reviewer that the request for C6-7 epidural steroid injection is not recommended as medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is XX/XX/XX. The patient reports he was operating a large rig when he was lifting objects and the rig began to tilt. The patient tried to get off the platform, but was tossed and fell forward toward his right side. The patient complained of pain to the left shoulder, left elbow, bilateral groin region, left knee, neck, back and head region. MRI of the cervical spine dated XX/XX/XX revealed at C6-7 there is a posterior protrusion-subligamentous disc herniation, central and left posterocentral in location, by as much as 2.3 mm which impinges upon the anterior thecal sac. The neural foramina are patent. The patient underwent a course of physical therapy followed by lumbar epidural steroid injection on XX/XX/XX. The patient subsequently underwent right knee ACL reconstruction on XX/XX/XX. Visit note dated XX/XX/XX indicates that the patient was participating in physical therapy to his neck since he was seen on XX/XX/XX until the time of his right knee surgery. The patient is attending physical therapy 3 times a week with improvement. On physical examination strength is 5/5 in the bilateral upper extremities. Facet loading is positive bilaterally. Deep tendon reflexes are 2+ in the bilateral upper extremities. Sensation is intact in the upper extremities.

The initial request for C6-7 epidural steroid injection was non-certified on XX/XX/XX noting that the Official Disability Guidelines have recently changed in regards to their position on cervical epidural steroid injections. They are no longer recommended except for exceptional cases in which there is clear cut documentation of medical necessity. In this case, there are no specific exam findings showing a radiculopathy at C6-7, no motor loss or sensory loss. There is no corroboration of a radiculopathy from imaging and the request did not include CPT codes and medical necessity could not be established. Orthopedic report dated XX/XX/XX indicates that the patient is experiencing persistent neck pain with left upper extremity symptoms. A cervical epidural steroid injection is recommended to help with his persistent radiculopathy-type findings.

The denial was upheld on appeal dated XX/XX/XX noting that note dated XX/XX/XX indicates that XX noted 5/5 strength for all myotomal groups tested in both upper extremities; noted biceps, triceps and brachioradialis reflexes 2+ bilaterally; and noted the sensory examination

in the right and left upper extremity was normal to light touch, which would indicate a lack of focal neurological findings. Also, on specific examination of the cervical spine, compression testing was positive and facet loading was positive bilaterally, which would not be a focal neurological finding, nor would this support an epidural steroid injection on an outlier basis as there were not specific findings noting this would be an exceptional case or clear-cut documentation supporting medical necessity. There was no corroboration from imaging.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient sustained injuries in XX/XXXX and has been treated with physical therapy and lumbar epidural steroid injections. The patient is now recommended for C6-7 epidural steroid injection. The Official Disability Guidelines note that cervical epidural steroid injections are not recommended based on recent evidence, given the serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit. If used anyway, the Official Disability Guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. The patient's physical examination fails to establish the presence of radiculopathy with 5/5 strength in the bilateral lower extremities, intact sensation and 2+ deep tendon reflexes bilaterally. As such, it is the opinion of the reviewer that the request for C6-7 epidural steroid injection is not recommended as 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

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)