

Parker Healthcare Management Organization, Inc.

3719 N. Beltline Rd Irving, TX 75038
972.906.0603 972.906.0615 (fax)

DATE OF REVIEW: AUGUST 20, 2018

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed additional 6 sessions of cervical massage (97140) and Bilateral Cervical ESI C7/T1 (62321, J3301, J2250, 01992)

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)

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a XXXX who was injured on XXXX, when XXXX. The claimant was diagnosed with a cervical sprain and strain. An evaluation on XXXX, noted claimant was having continued neck and lower back pain. The claimant reported symptoms of discomfort with motion, numbness, and pain radiating into the lower extremities and upper extremities. It was noted that the claimant had previous massage, physical therapy which did not help, and a cervical epidural steroid injection that improved symptoms for two days. The physical examination of the cervical spine revealed tenderness and spasm, mild loss of range of motion in all planes, full strength in the upper extremities, and no loss of reported sensation in the upper extremities. An MRI of the cervical spine showed multilevel cervical disc bulging from C4 through C7 with mild stenosis. It was noted that the claimant had already received six massage sessions of the neck.

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: The medical records provided for review shows that the claimant has continued pain in the neck. According to the ODG guidelines, the use of a massage can be used as a treatment option as an adjunct to an exercise program. There was no mention of the claimant undergoing an exercise program to be used as an adjunct with the requested additional massage sessions. Therefore, based on the recommended ODG Guidelines, the requested additional 6 cervical massage sessions do not meet the requirements of medical necessity.

The guidelines do not recommend cervical epidural steroid injection due to serious risks of the procedure and lack of quality evidence for sustained benefit. The guidelines also state that there must be objective evidence of radiculopathy on clinical examination and corroboration by diagnostic imaging for epidural steroid injections, which was not documented. It was noted that the claimant received a previous cervical epidural steroid injection which did not provide at least 50% pain relief for six to eight weeks, therefore repeat injection is not supported by the guidelines. The request bilateral cervical epidural steroid injection at C7-T1 is not certified as it does not meet medical necessity.

Official Disability Guidelines ODG Treatment Integrated Treatment/Disability Duration Neck (Acute and Chronic) (updated 07/06/18) ODG guidelines Massage Recommended as an option as an adjunct to an exercise program, although there is conflicting evidence of efficacy. (Haraldsson, 2006) Epidural steroid injection (ESI) 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. This treatment had been recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), with specific criteria for use below. While not recommended, cervical ESIs may be supported using Appendix D, Documenting Exceptions to the Guidelines, in which case: 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) No more than two nerve root levels should be injected using transforaminal blocks. (5) No more than one interlaminar level should be injected at one session. (6) 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. (7) Repeat injections should be based on continued objective documented pain and function response. (8) 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. (9) 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. (10) Cervical and lumbar epidural steroid injection should not be performed on the same day; (11) Additional criteria based on evidence of risk: (i) ESIs are not recommended higher than the C6-7 level; (ii) Cervical transforaminal ESI is not recommended; (iii) Particulate steroids should not be used. (Benzon, 2015) (12) Excessive sedation should be avoided.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES