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**IRO REVIEWER REPORT**

**Date:** 12/18/2017 2:16:34 PM CST

**IRO CASE #:** XXXX

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

Cervical Epidural Steroid Injection C7-T1 Interspace Utilizing a Catheter Approach Under Fluoroscopy with IV Sedation

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

Anesthesiology, Pain Medicine

**REVIEW OUTCOME:**

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

- |   |                                |
|---|--------------------------------|
| <input type="checkbox"/> Overturned           | Disagree                       |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld    | Agree                          |

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This case involves a now XXXX with a history of an occupational claim from XXXX. The mechanism of injury is detailed as the patient was XXXX, and XXXX, the XXXX and the patient XXXX. The patient claimed that approximately XXXX which injured the patient left side of the neck, head, hip, lower back and right leg. Prior MRI dated XXXX identified a 3 mm paracentral disc protrusion at C5-C6 which mildly impinges upon the thecal sac and also moderately narrowed the right lateral recess. The patient had a 2 mm posterior central disc protrusion at C4-C5 and C6-C7 with moderate degenerative facet joint hypertrophy from C2-C3 through C4-C5 and minimal degenerative spondylosis at C5-C6 and C6-C7. The patient was provided with various medications to include narcotics and antiepileptic medications in the form of Lyrica as well as Skelaxin. The patient continued to have chronic neck pain. As of XXXX, the patient reported at least 50% improvement following epidural steroid injection. There was no confirmation whether this pertained to the cervical and lumbar spine. The patient was seen for a follow-up on XXXX, the patient continued to have chronic cervical spine pain and wanted to undergo

cervical epidural blockade with intravenous sedation which the patient claimed was helpful in XXXX prior recovery. The patient was again recommended for an epidural steroid injection on XXXX. The patient was having decreased grip strength on the right with decreased pinprick in the C6 distribution. The patient claimed that the patient MRI in the past to be consistent with cervical disc disruption at C5-C6 and C6-C7 with significant narrowing upon the thecal sac at that level. The patient was seen most recently on XXXX treatment of the patient neck, shoulder and arm pain with indication that the patient failed conservative rehabilitative medical services including nonsteroidal anti-inflammatory drugs and physical therapy. The patient continued to have decreased neck range of motion, moderate cervical interspaces tenderness and weakness with grip strength on the left. The physician claimed that the patient MRI had been corroborated and the patient necessitated a cervical epidural blockade to hasten the patient recovery and allow the patient to get off narcotic and nonnarcotic analgesia. The patient had poor sleep and depression associated with the patient injury. The physician was going to raise the patient amitriptyline 25 mg in the evening with the patient taking Lyrica 75 mg 3 times a day for neuropathic pain. The patient had moderate mid cervical interspinous tenderness. The patient decreased grip strength on the left with decreased pinprick at the C5 distribution. The plan is for the patient to undergo cervical epidural blockade. The patient was citing fear and anxiety associated with the procedure and therefore would necessitate intravenous sedation. The prior determination dated XXXX denied the request for epidural steroid injection at C7-T1 with arthroscopic approach and intravenous sedation. The rationale stated that specific objective neurological findings were still limited to necessitate the requested injection. The physician was also noted that the patient failed conservative rehabilitative medical treatment options including physical therapy modalities, but there were no actual physical therapy note submitted to establish a clear comparison and validate the response. It also appears that the patient had undergone multiple cervical epidural steroid injections and undergone conservative therapy since the patient injury with no documentation supporting the objective benefits to these injections and ongoing therapy for the injury over XXXX prior. The patient appeared to have reached a static a stable plateau from the patient XXXX injury, and additional conservative treatments have the likelihood of providing further functional gains. This request pertains to a cervical epidural steroid injection at C7-T1 interspace utilizing a catheter approach under fluoroscopy with intravenous sedation.

#### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

According to the Official Disability Guidelines, patients are not recommended to proceed with epidural steroid injections given the risk of the procedure in the cervical area. There is also a lack of quality evidence for sustained benefit. If the physician wishes to proceed with the injection, there must be documented evidence of radiculopathy on physical examination and corroborated by imaging studies and/or elective diagnostic testing. The patient was admitted initially unresponsive to conservative treatment included exercises, physical methods, nonsteroidal anti-inflammatory drugs and muscle relaxants. In the case of this patient, while there was prior reference to an MRI dated from XXXX identifying impingement on the thecal sac at the C5-C6 level and minimal degenerative spondylosis at C5-C6 and C6-C7, there was no updated radiology report or electrodiagnostic testing to verify the patient had a herniated nucleus pulposus causing impingement at any level of the cervical spine toward the C7-T1 injection. Additionally, the clinical records submitted for review referenced to prior epidural injections. However, the records did not verify that the patient had an adequate reduction in pain and increase functionality to support a repeat injection. Therefore, given the updated MRI report, no updated imaging or electrodiagnostic testing, and a lack of information pertaining to how the patient had responded to prior injections to the cervical spine, proceeding with the current request cannot be authorized. There is also no verification whether the current request will be a repeated service from prior epidural injections. Although intravenous sedation would be reasonable for a patient who has anxiety,

given the primary injection has not been authorized, the ancillary service for intravenous sedation would likewise not be supported. As such, in accordance with the previous denial, the request for Cervical Epidural Steroid Injection C7-T1 Interspace Utilizing a Catheter Approach under Fluoroscopy with IV Sedation is not medically necessary.

**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
- ☐ AHRQ- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL