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DATE: 5/29/18

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Cervical Epidural Steroid Injection to C5, C6

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

The reviewer is certified by The American Board of Anesthesia with over 11 years of experience.

REVIEW OUTCOME:

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

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a XXXX who was injured on XXXX after XXXX on right arm while working.

XXXX: Office Visit with XXXX. Pt presents with new injury to right side of arm, neck, and shoulder. Pt was XXXX. Went to ER on Friday and was prescribed XX and XX. Hx of cervical disc surgery XXXX. Pain is located in the posterior neck bilaterally. The symptoms occur constantly. Pain is dull in nature. Moderate pain. No radiation. Associated symptoms include decreased neck ROM, neck muscle spasm, neck stiffness and neck tenderness. Exacerbating factors include neck movement. No relieving factors are reported. Complaint of shoulder pain. Symptoms are worsening. Pain is located in anterior shoulder. Constant. Sharp in nature. Moderate severity. 7/10. Pain radiates to the right neck. Associated symptoms include numbness in the small and ring finger. Exacerbating factors include shoulder movement, overhead use, lifting and repetitive use. No relieving factors. Tenderness in left and right paraspinal. Flexion is painful. Right and Left side bending are painful. Right and Left Rotation is painful. Tenderness in anterior shoulder, lateral shoulder, superior and posterior shoulder. Start XX 800mg BID. Physical Therapy referral 3 times a week for 2 weeks. Cold pack. Point of XX. Right shoulder x-ray and cervical spine x-ray. Preliminary X-ray of left foot, right shoulder and neck is WNL.

XXXX: Office Visit with XXXX. Return for f/u. Presents today with 9/10 pain. XXXX is awaiting PT approval.

XXXX: PT Notes. Reports pain of 8/10, made better by XXXX muscle relaxant medication, XX and XX. XXXX pain comes down to 2/10. Medications also reduce symptoms of numbness and tingling in XXXX R arm. Assessment: not progressing. Responded favorably to cervical traction/distraction. Used water bag traction device and issued for HBP. Continue therapy.

XXXX: PT Notes. Pt states XXXX had a tremendous increase in pain after XXXX last visit. XXXX presents today with a 9/10 pain in XXXX rt neck and shoulder. States XXXX began to feel numbness and tingling in XXXX R forearm and hand. XXXX has requested a more traditional less aggressive therapy session, since XXXX left the last session in so much pain. XXXX is worried XXXX spinal fusion may be compromised from the intervention performed last visit, so XXXX is requesting another MRI. XXXX cannot perform daily living activities. Assessment: regressing. Pt started XXXX session after taking XXXX XX and XX.

XXXX: PT Notes. Pt reports XXXX is hurting more today. States XXXX had to take an XX and a muscle relaxer to relieve the symptoms of numbness and tingling in XXXX RUE. Pain 7/10. Assessment: Slower than expected. Pt did not tolerate progression of manual therapy well. Pain increased to 9/10. XXXX requested MHP pre and post treatment. Muscle tightness and spasms decreased after both MHP treatments.

XXXX: PT Notes. Pt has made no progress toward achieving goals with unchanged AROM and increased radicular symptoms to the RUE. Pt finds temporary relief with distraction to the cervical spine. Pain is 8/10.

XXXX: MRI Cervical Spine. Impression- 1. Rightward disc protrusion or subligamentous disc herniation measuring 3.7mm is detected at C6-7 creating mild to moderate right lateral recess and right foraminal stenosis with resulting impingement upon the right C7 nerve roots. 2. Posterior disc protrusion measuring 3.4mm is identified at C5-6 minimally contacting the cord and narrowing the central canal to 9mm representing minimal non-compressive central spinal stenosis.

XXXX: Office Visit with XXXX. Here for f/u. Still has moderate pain in XXXX neck and the right shoulder. MRI shows R/rotator cuff tear and the cervical disc protrusion. R shoulder- Tenderness in anterior shoulder, lateral shoulder, superior and posterior shoulder. LROM in all planes. Cervical spine- Tenderness in Uleft and Uright paraspinal. Flexion is painful. Right and Left side bending are painful. Right and Left Rotation is painful. LROM. Right rotator cuff tear. Cervical disc prolapse with radiculopathy. Pt referred to ortho and neurosurgeon.

XXXX: EMG. Data interpretation- 1. Prolonged onset latency of the right median motor evoked potential. 2. Slow motor conduction velocity of the right ulnar nerve across the elbow. 3. Low amplitude motor evoked response of the right ulnar nerve above the elbow. 4. Prolonged sensory evoked responses from the right median nerve. 5. Normal motor and sensory studies of the other nerves sampled. 6. Abnormal needle EMG examination with denervation noted in the ulnar, C5,6, innervated muscles of the right arm. Impression- 1) Findings compatible with electrophysiological evidence of ***a moderate right ulnar nerve lesion at the elbow consistent with clinical diagnosis of moderate right cubital tunnel syndrome.*** 2) Electrophysiological evidence of a ***mild right median nerve lesion at the wrist compatible with the clinical diagnosis of mild right carpal tunnel syndrome.*** 3) Findings compatible with electrophysiological evidence of a ***right C5,6 radiculopathy.***

XXXX: Office Visit with XXXX. Pain examination: Cervical spasm-positive. Trigger points- cervical paraspinals and trapezius. Cervical ROM: pain with flexion and b/l lateral rotation. Facet Tenderness: Tender bilaterally at C4-C5, C5-C6, C6-C7. Spurlings Test positive on the right with radiation to proximal arm. Negative Hoffman's sign. Positive Occipital tenderness. Motor Function: R-4/5- elbow flexion, elbow extension, wrist ext. finger abduction 3/5 shoulder abduction. L: 5/5. Sensorium: R: decreased @ C5,6,7. L: intact-DTR: 2+/4. Positive Tinels on the right, at wrist and elbows. -Shoulder tenderness: positive on the right. -Shoulder ROM: painful with abduction. -Impingement Sign: positive on the right. 1) XXXX is referred for EMG of the RUE. -NCS/EMG of the right upper extremity to eval radiculopathy vs nerve lesion. Rt carpal tunnel syndrome, rt cubital syndrome, and

C5/6 radiculopathy. Order right cervical ESI with TIVA. 2) XXXX continues to work despite injury. 3) Refill XX 50mg 1PO BID PRN. DC XX 50mg due to dizziness.

XXXX: UR by XXXX. Rationale- As ODG no longer recommends cervical ESI's and as of XXXX, a PTP could not be obtained, there is not sufficient documentation or rationale for a Right Cervical ESI to C5,6, thus request is not approved.

XXXX: Letter of Medical Necessity. Right CESI is reasonable and consistent with the ODG. The goal of this reasonable and medically necessary surgery, which is consistent with the ODG, is to provide pain relief, increase performance in the activities of daily living, reduce claimant's symptoms, and reduce medication use. The medical records establish the clinical indication and necessity of this procedure.

XXXX: UR by XXXX. Rationale- Given the serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit, this is denied. There is no documentation of exceptional factors to support a CESI outside of the current evidence-based guideline recommendations the specifically indicate lack of support for this procedure, especially above the level of C6-C7. Not medically necessary.

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

The previous adverse decisions are upheld.

Based on the records submitted and peer-reviewed guidelines this request is non-certified. Given the serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit, cervical ESIs are not-recommended. There is no documentation of exceptional factors to support a CESI outside of the current evidence-based guideline recommendations the specifically indicate lack of support for this procedure, especially above the level of C6-C7. Therefore, the request for Cervical Epidural Steroid Injection is considered not medically necessary.

PER ODG.....

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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
- 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)**