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Date: 3/7/2018 11:03:43 AM CST

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
TL Cervical epidural steroid injection C7-T1

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

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

☐ Overturned	Disagree
☐ Partially Overtuned	Agree in part/Disagree in part
☒ 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 was not discussed in the clinical note associated with the request. XXXX was diagnosed with sprain of ligaments of the cervical spine, cervicalgia, radiculopathy of the cervical region, other cervical disc displacement, and neuralgia and neuritis. MRI of the cervical spine performed on XXXX revealed multilevel spondylosis most pronounced at C5-6 where there is mild to moderate spinal stenosis, left lateral recess stenosis, and left greater than right neural foraminal narrowing. The most recent clinical note provided for review was dated XXXX. XXXX reported 7/10 pain in the low back, radiating down the bilateral legs. XXXX also complained of neck pain, radiating to the upper extremities. The pain was exacerbated with standing and exercise. On examination, the patient was in no acute distress. At the lumbar spine, there was tenderness to palpation over the greater trochanteric region, the gluteals, and over the midline. Range of motion was restricted and painful. Motor strength was noted to be 5 out of 5. Deep tendon reflexes were 2+ and symmetrical. Sensation was intact to light touch and pinprick. The treatment plan included the recommendation for a cervical epidural steroid injection. The request was previously submitted for a cervical epidural steroid injection at C7-T1, although this was previously denied due to a lack of objective radiculopathy on physical examination to confirm imaging findings.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:
According to the Official Disability Guidelines, cervical epidural steroid injections are not typically recommended. However, if the provider wishes to perform anyway, the patient should present with clear imaging findings and physical examination findings of nerve root compression at the requested level. In this case, the submitted documentation indicated that the patient had failed non-operative treatment, and the provider recommended an epidural steroid injection. However, as mentioned in the prior denial,

there was no clear evidence of nerve root compression corresponding with the specified level, such as diminished sensation, diminished reflexes, or diminished motor strength in a particular distribution. In the absence of this documentation, the requested treatment is not supported. Furthermore, given that guidelines indicate that cervical epidural steroid injections carry a significantly increased risk of adverse effects, proceeding with the requested treatment is not indicated. There was insufficient clinical documentation to support overturning the previous denial. I received additional clinical information to include multiple prior office visits, drug screens, and imaging reports. The most recent visit was dated XXXX. However, this clinical note still did not provide objective evidence of radiculopathy, as there was no evidence of any neurological deficits in the bilateral upper extremities.

As such, TL cervical epidural steroid injection C7-T1 is not medically necessary, and the prior determination is upheld.

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

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Neck& Upper Back, Epidural steroid injection (ESI)