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An Independent Review Organization

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Date: 1/8/2018 4:24:31 PM CST

Amended 3/29/2018

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Cervical epidural catheter approach which is safe and effective entry point C7-T1 whereby use of soft versa-Cath and see the catheter up to the C3-4 interspace and in this case to the left of the midline 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 -year-old XXXX with a history of an occupational claim from XXXX. The mechanism of injury was not detailed in the information provided for review. Past treatment included cervical spine surgery and medications. An MRI of the cervical spine was performed on XXXX and showed 2mm posterior disc bulge at the C3-4 level with left C4 neuroforaminal narrowing. On XXXX, the patient had neck pain. Physical examination showed decreased range of motion and grip strength. Sensation was decreased in the C7 distribution. On XXXX, it was documented this patient had complaints of pain to the cervical spine that radiated to the left upper extremity with associated numbness and tingling. It was noted the patient had anxiety and fear and reported claustrophobia when being covered.

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

According to the Official Disability Guidelines, epidural steroid injections to the cervical spine are not recommended. While not recommended, epidural steroid injections are to reduce pain and inflammation thereby facilitating progress in an active therapy. They are to be given on the basis of radiculopathy that corroborates with imaging after the failure of conservative care. The guidelines indicate that the least amount of sedation for the shortest duration of effect is recommended for those receiving epidural steroid injection with documented anxiety. The clinical documentation submitted for review indicated this patient had neck pain that radiated to the left upper extremity. However, there was no documentation noting significant quantitative objective findings indicative of radiculopathy on

physical examination to the C3-4 dermatomal distribution. Further, the guidelines do not recommend epidural steroid injections to the cervical spine. Additionally, there was no information noting XXXX would participate in adjunctive active therapy.

Without any clear indications for the use of Cervical epidural catheter approach which is safe and effective entry point C7-T1 whereby use of soft versa-Cath and see the catheter up to the C3-4 interspace and in this case to the left of the midline under fluoroscopy with IV sedation., it is this reviewer's opinion that medical necessity is not established, 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- 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, 15th Edition (web), 2017, Neck and Upper Back (updated 10/12/2017), Epidural steroid injection (ESI) and Official Disability Guidelines (ODG), Treatment Index, 15th Edition (web), 2017, Pain (updated 10/13/2017), Epidural steroid injections (ESIs).