The DYLL REVIEW
We take the worry out of Peer Reviews
25 Highland Park Village #100-177 Dallas TX 75205
Phone: 888-950-4333 Fax: 888-9504-4443

Notice of Independent Review Decision

**March 16, 2015**

**IRO CASE #:**

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

Request: medical necessity of a Cervical ESI 01936, 62310, 64479, 72020, 72275

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

The physician performing this review is Board Certified, American Board of Physical Medicine & Rehabilitation. The physician is certified in pain management. The physician has a private practice of Physical Medicine & Rehabilitation, Electro Diagnostic Medicine & Pain Management in Texas. The physician is a member of the Texas Medical Association and the Houston Physical Medicine and Rehabilitation Society. The physician is licensed in Texas and Michigan and has been in practice for over 25 years.

**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)

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

*Upon independent review the physician finds that the previous adverse determination should be ~ Upheld*

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This woman fell and injured her neck and had neck and left face pain and bilateral upper extremity symptoms. She has an unrelated adjustment disorder. It was determined that the C6-7 herniation and cervical radiculitis were work related. She had prior PT sessions. Cervical MRI (1/14/14) showed a broad based disc herniation at C6-7/ A repeat reading of the same study on 6/19/14 showed an no

disc herniations specifically no disc bulges or herniation at C6-7. The CT was aslo reread and showed minimal osteophytes and degenerations, but no herniations. et al examination on 12/22/14 described “cervical pain radiating to upper back/shoulders…” The neurological examination was limited and showed no specific abnormalities. There were no description of motor or sensory abnormalities with a diagnosis of a sprain.  cited in a peer review that noted she had numbness in both hands. He and other examiners (including staff) found no neurological abnormalities.  He cited electrodiagnostic studies that showed no evidence of a radiculopathy but there were reports of a peripheral neuropathy.

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

The request is for a therapeutic intervention. No findings of a radiculopathy were provided. The ODG requires the pain to be in a dermatomal pain distribution with supporting evidence on clinical examination plus electrodiagnostic studies and/or radiological studies. I could not clearly determine a specific nerve root pattern form the records. The records that I reviewed or were summarized in his review did not describe any neurological abnormalities. The electrodiagnostic studies also failed to demonstrate any abnormalities consistent with a radiculopathy. Electrodiagnostic studies are of limited sensitivity. The MRI study was controversial with the two different reports. Even if I presume there was the disc herniation mentioned, the key point is that there were no neurological findings consistent with a radiculopathy described.

Cervical From the ODG:

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| Epidural steroid injection (ESI) | Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). See specific criteria for use below. In a recent Cochrane review, there was one study that reported improvement in pain and function at four weeks and also one year in individuals with chronic neck pain with radiation. ..<br><br>**Criteria for the use of Epidural steroid injections, therapeutic:**<br>*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.*<br>**(1) Radiculopathy must be documented by physical examination <u>and</u> corroborated by imaging studies and/or electrodiagnostic testing.**<br>(2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).<br>(3) Injections should be performed using fluoroscopy (live x-ray) for guidance<br>(4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections.<br>(5) No more than two nerve root levels should be injected using transforaminal blocks. |

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| | (6) No more than one interlaminar level should be injected at one session.<br>(7) 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.<br>(8) Repeat injections should be based on continued objective documented pain and function response.<br>(9) 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.<br>(10) 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.<br>(11) Cervical and lumbar epidural steroid injection should not be performed on the same day.<br>**Criteria for the use of Epidural steroid injections, diagnostic:**<br>To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below:<br>(1) To help to evaluate a pain generator when physical signs and symptoms differ from that found on imaging studies;<br>(2) To help to determine pain generators when there is evidence of multi-level nerve root compression;<br>(3) To help to determine pain generators when clinical findings are suggestive of radiculopathy (e.g. dermatomal distribution), and imaging studies have suggestive cause for symptoms but are inconclusive;<br>(4) To help to identify the origin of pain in patients who have had previous spinal surgery. |

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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)