

# Medical Assessments, Inc.

4833 Thistledown Dr.

Fort Worth, TX 76137

P: 817-751-0545

F: 817-632-9684

Amended July 26, 2018

June 4, 2018

IRO CASE #: XXXX

## DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical ESI

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

This physician has 21 years of experience in Physical Medicine and Rehabilitation.

## REVIEW OUTCOME:

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

Overturned (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 XX status post injury on XX. XX is requesting Cervical ESI.

XX: OVN by XX Assessment: Regressing. Pt. present with allodynia and secondary hyperalgesia grossly around area of complaint.

XX: MRI Cervical Spine W/O contrast interpreted by XX. Moderate left neural foraminal narrowing at the C3-C4 level, moderate bilateral neural foraminal narrowing at the C4-C5 level, mild to moderate bilateral neural foraminal narrowing at the C5-C6 level, the moderate bilateral neural foraminal narrowing at the C6-C7 and C7-T1 levels.

XX: OVN by XX. The claimant was present for evaluation of neck pain, right arm pain. The neck pain is localized to the right lateral cervical region and has been present for 6 months. It's a 10/10 severity.

XX: OVN by XX Claimant was seen for pain in XX lower neck on the right. There is numbness and tingling present in the right upper extremity. This began on XX. This started after a motor vehicle accident. XX stated that XX was a XX in the XX that XX a XX There was no loss of consciousness and EMS was called to the scene. XX stated the pain has gotten worse since XX injury. Pain level 9/10. XX has tried OTC medications, rest, activity home exercise, and stretching. Medications XX 10mg, XX 4mg, XX15mg, XX, XX.

XX ESI by XX: Cervical ESI, IL C7-T1

XX: UR performed by XX, MD. Rationale for denial: There is no documentation of specific rationale to support

the use of the treatment outside of the guidelines. There is no clear documentation of objective radicular findings in the requested nerve root distributions. Therefore, certification of the requested Cervical Epidural Steroid Injection is not recommended.

XX: Progress notes by XX, DO. Claimant reported pain 8/10 at its worst and 5/10 at its best. Subjective findings of neck pain and pain in the C5 to C8 distributions; objective findings include positive Spruling's on the right and limited strength; diagnoses include cervical radiculopathy. XX stated increase pain of the cervical spine and bilateral shoulder since XX last office visit. XX describes pain as aching, dull sharp, stabbing. XX states XX is having weakness in the arm. XX stated XX has intermittent tingling in the arm. The claimant has failed therapy within the past XX PT and home therapy.

XX UR performed by XX, MD. Rationale for denial: There remains no documentation of a specific rationale to support the use of the treatment outside of the guidelines. Despite documentation of conservative treatment and given the XX plan for initiation of PT, there is no documentation that the claimant has failed additional conservative care. (PT). Therefore, certification is still not recommended.

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

The previous determination has been upheld. Denial of cervical Epidural Steroid injection interlaminar at C7-T1 is OVERTURNED/DISAGREED WITH since despite no objective sensory, motor or reflex deficits following a nerve root distribution, there is objective finding of neural tension sign on exam in positive Spurling's maneuver reproducing symptoms of pain and tingling in the right upper extremity corroborated by Electromyographic testing of acute and chronic radiculopathy Right C 5, 6, 7, 8.

Also with multilevel neuroforaminal narrowing on the Cervical MRI, this Cervical ESI represents diagnostic phase testing so as to guide an effective future treatment plan in this chronic case now nearly one year since injury. There is documentation of an adequate trial of conservative care including activity modification, formal physical therapy, home exercises, and medication over this long period of time.

The request for Cervical Epidural Steroid injection is found to be medically necessary.

**ODG Guidelines: XX**

**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)**