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Notice of Independent Review Decision

**DATE OF REVIEW: 4/17/07****IRO CASE #:****DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Preauthorization for cervical ESI #3 under fluoroscopic guidance at right C7-T1 with epidurogram.

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

This case was reviewed by a board certified anesthesiologist on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal.

**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)

<b>Primary Dx Code</b>	<b>Service Being Denied</b>	<b>Billing Mod</b>	<b>Type Review</b>	<b>DOS</b>	<b>Amt Billed</b>	<b>Date of Injury</b>	<b>DWC Claim #</b>	<b>Uphold / Overturned</b>
722.0	62298		Pro-spective	2/28/07-4/28/07				Overturned
722.0	62298		Pro-spective	3/8/07-5/8/07				Overturned

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Request for Independent Review by an Independent Review Organization forms -

4/3/07

2. Determination Notices – 3/5/07, 3/15/07
3. Pain Management Records and Correspondence – 2/9/07-3/8/07
4. Imaging Records and Correspondence – 3/7/07
5. Neurosurgical Surgery Follow-up Evaluation – 2/26/07

### **PATIENT CLINICAL HISTORY:**

This case concerns an adult male who sustained a work related injury. Records provide no details regarding the mechanism of injury. Diagnoses have included cervical vertebra displacement, postlaminectomy syndrome, brachial neuritis or radiculitis, cervical radiculopathy, and peripheral neuropathy. Evaluation and treatment for this injury has included anterior cervical discectomy, CT myelogram, and fusion (ACDF), EMG, and epidural injections.

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

This case concerns a male who sustained a work related injury. His diagnoses to date include cervical vertebral displacement, postlaminectomy syndrome, bilateral neuritis/radiculitis, cervical radiculopathy, and peripheral neuropathy. Evaluation and treatment for this injury has included anterior cervical discectomy, CT myelogram, cervical fusion, EMG, medical therapy and epidural injections. He has been under the care of a pain management specialist. The member continued to complain of neck pain with numbness and tingling in the upper extremities. He began a series of cervical epidural steroid injection therapy. The documentation reviewed indicated that after the second of the recommended series of 3 injections he reported a 60% reduction in pain. Given his reported response and his history of chronic neck pain, the patient should complete the recommended series of 3 epidural injections. Therefore, the review of the documentation indicated the requested cervical ESI #3 under fluoroscopic guidance at right C7-T1 with epidurogram is medically necessary and indicated for the treatment of the patient's chronic pain condition.

### **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)