

Clear Resolutions Inc.

An Independent Review Organization
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IRO REVIEWER REPORT TEMPLATE – WCN

DATE OF REVIEW: OCTOBER 23, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Cervical epidural steroid injection #2.

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

M.D., Board Certified in pain management and anesthesiology under the American Board of Anesthesiologists.

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 or not medical necessity exists for each of the health care services in dispute.

The reviewer finds that a second cervical epidural steroid injection is medically necessary.

<i>Injury Date</i>	<i>Claim Number</i>	<i>Review Type</i>	<i>Begin Date</i>	<i>End Date</i>	<i>ICD-9/DSMV</i>	<i>HCPCS/NDC</i>	<i>Billing Modifiers</i>	<i>Service Units</i>	<i>Upheld/Overturned</i>
		<i>Prospective</i>	<i>9/10/07</i>	<i>10/10/07</i>	<i>722.0</i>	<i>62310</i>		<i>1</i>	<i>Overturned</i>

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 9/10/97, 9/18/07
Official Disability Guidelines and Treatment Guidelines
Rehabilitation Letters 9/24/07, 9/12/07
, 4/13/07, 4/23/07, 5/2/07, 5/11/07, 5/29/07, 6/13/07, 6/29/07, 7/17/07,
MD, MRI of Left Shoulder, 5/23/07
MD, MRI, Cervical Spine, 7/11/07
MD, Neurological Surgery Consultation, History & Physical, 8/13/07
Dr., Cervical ESI #1, 8/23/07
Rehabilitation, Follow-up Questionnaire, 8/28/07
Dr., Neurological Surgery Follow-up Evaluation, 9/17/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who sustained a work-related injury. She notes that while she was lifting a heavy object with other people, she lost control of the object which made her fall. After that, she complained of neck pain. Based on Dr. assessment on 08/13/2007, he recommended an epidural steroid injection. He ended up performing a C7-T1 interlaminar epidural steroid injection on 08/23/2007. At a follow-up visit on 09/17/2007, approximately three weeks after the epidural steroid injection, the patient reported 70% pain relief in her left arm. It was also noted that she was "still having some neck pain but is definitely improving." On 08/28/2007, it was noted that the patient's pain level dropped from a 7/10 to a 5/10 and "range of motion of her arm improved."

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

The reviewer recommends a second cervical epidural steroid injection, and overturns the decision. Per Official Disability Guidelines, if the epidural steroid injection is 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. However, given that the patient received approximately 70% pain relief, the patient would be a candidate for a repeat injection in this situation. Therefore, the reviewer finds that a second cervical epidural steroid injection is medically necessary.

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)