Clear Resolutions Inc.

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: FEBRUARY 24, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Cervical epidural steroid injection

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

M.D., board certified Orthopedic Surgeon, board certified Spine Surgeon, board certified in Pain Management

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)

Based upon the information provided, the medical necessity for cervical epidural steroid injection has not been established.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Adverse Determination Letters, 01/10/08 and 01/23/08
2. ODG Guidelines and Treatment Guidelines
3. M.D., 01/24/08, 01/10/08, 01/03/08, 08/28/07, 06/22/07, 04/05/07, 04/04/07, 10/20/06, 09/21/06, 09/01/06, 08/01/06, 07/10/06, 05/02/06, 05/01/06
4. M.D., 08/24/06
5. M.A., 11/01/05

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a xx-year-old female with a noted injury of xx/xx/xx apparently after lifting a heavy pallet. She had numerous complaints of back, neck, shoulder, elbow, and hand pain. She has had some physical therapy with no significant benefit. She had EMG/nerve conduction studies on 08/24/06, which documented median nerve entrapment and/or trauma at the wrist but not radiculopathy. There was note of pain localized to the C7 area with a positive Spurling test at the same C6/C7 level and some decreased sensation. X-rays of the cervical spine were reported as normal.

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

The well-established guidelines for use of epidural steroids require that the patient have documented cervical radiculopathy. This is on the basis of criteria utilized in the ODG Guidelines. First, radiculopathy must be documented by physical examination corroborated by imaging studies and/or electrodiagnostic testing. In this particular instance, the physical examination does not document radiculopathy, and the imaging studies provided and the EMG/nerve conduction studies do not confirm radiculopathy. The other requirements, i.e., initially unresponsive to conservative treatment, the use of fluoroscopy during injection, maximum of two blocks, no more than two nerve root levels, using transforaminal blocks no more than one intralaminar level at any one session, the requirements of repeat blocks offered only as a 50% pain relief and repeat injections based on continued objective evidence of pain with function response, and the use of two blocks rather than three are not relevant to this particular review. However, the radiculopathy, if any, has not been substantiated by physical examination, imaging studies, or EMG/nerve conduction studies. Therefore, the reviewer finds that the previous adverse determination should be 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**
- ☐ **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)**