

I-Decisions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: 03/16/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

OV x 1 99214 / Cervical ESI 62310 J1040 A4550

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)

Upon independent review the reviewer finds that the Cervical ESI is not medically necessary, but the Office Visit is medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters 2/13/08, 2/26/08

ODG Guidelines and Treatment Guidelines

ACOEM Guidelines

Evaluation 3/3/08

Medication Sheet 3/3/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient has a history of neck pain that radiates down the posterolateral aspect of the bilateral arms. There are no cervical MRI studies provided for my review. The patient also supposedly has received an epidural steroid injection in the past per a utilization review performed on 02/13/08. According to that review, the fact that the patient had received a previous epidural steroid injection was discussed with Dr. According to the reviewer, Dr. was to resubmit the request with the requested information which included "documentation of response to the previous studies." The patient is also currently taking Lortab 10/500 (3 tablets a day) for pain.

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

1. Cervical ESI – Per the *Official Disability Guidelines*, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient does have signs of radiculopathy per history, but as stated above, there is no mention of any MRI findings or EMG/NCV results that could be correlated with these radiculopathy complaints. In addition, from the data that I have reviewed, this patient has supposedly received a previous epidural steroid injection. This request would be for a therapeutic cervical epidural steroid injection. Therefore, there are certain requirements per the *Official Disability Guidelines* that must be followed to determine whether or not this would be appropriate based on the response of the initial injection. Since this information is not provided, I think this in conjunction with the fact that there are no imaging or electrodiagnostic testing provided, the request for an epidural steroid injection is not appropriate.
2. Office visit – I do feel that an office visit is required since in these notes there is discussion of not prescribing any more medications if the patient is not a candidate for this epidural steroid injection. Since the above information seems to show that an epidural steroid injection is not appropriate, this patient will need at least one more office visit.

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)