

I-Decisions Inc.

An Independent Review Organization

71 Court Street

Belfast, Maine 04915

(207) 338-1141 (phone)

(866) 676-7547 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: 05/11/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Therapeutic cervical ESI at C4-5 with epidurography

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 requested therapeutic cervical ESI at C4-5 with epidurography is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters 3/12/08, 2/29/08
ODG Guidelines and Treatment Guidelines
Follow-Up Office Visit and Reassessment 2/7/08, 2/26/08, 11/26/07
Pre-Authorization Requests
Behavioral Evaluation Report 3/4/2008

Medical Exam 7/26/07, 6/6/07
Initial Evaluation 2/28/08
Physical Therapy Prescription
Request For Reconsideration 3/4/08
MRI Lumbar Spine 1/30/07
MRIs Right Shoulder and Cervical Spine 6/20/06

PATIENT CLINICAL HISTORY [SUMMARY]:

Per the office visit note dated 02/07/08, the patient complains of neck pain radiating down her left arm. The patient also reported numbness in the left arm. It is also noted that the patient has received cervical epidural steroid injections in the past for this pain and stated that "in the past (they) helped this pain." There is no mention as to how much pain relief the patient received or if there was any increase in the patient's function. Per the office visit note dated 02/26/08, the patient complained of neck pain that radiated into the patient's right arm which was accompanied by numbness in the right hand. The patient's symptoms seem to have changed since the last office visit dated 02/07/08. Based on the results of the previous epidural steroid injections, the physician, Dr. has ordered the epidural noted above. It should also be noted that the physical exams changed from the time they were performed on 02/07/08 to the next time they were performed on 02/26/08. On 02/07/08, the patient was noted to have decreased sensation to pinprick in the left hand. On the physical exam performed on 02/26/08, the patient noted hypoesthesias in the right forearm and hand region distribution but there were no abnormalities noted with the left hand. The current request is for a therapeutic cervical ESI at C4-5 with epidurography.

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

The requested therapeutic cervical ESI at C4-5 with epidurography is not medically necessary. Per the *Official Disability Guidelines*, when an epidural steroid injection is in the "therapeutic phase," it should not be offered unless the patient received at least 50% pain relief for 6-8 weeks. In addition, the *Official Disability Guidelines* go on to state that "repeat injections should be based on continuous objective documented pain and function response." It is noted that there is no objective evidence of successful previous epidural steroid injections. Given this information, this epidural request is not appropriate at this time.

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)**