

SENT VIA EMAIL OR FAX ON
Apr/16/2009

IRO Express Inc.

An Independent Review Organization

835 E. Lamar Blvd. #394

Arlington, TX 76011

Phone: (817) 349-6420

Fax: (817) 549-0310

Email: resolutions.manager@iroexpress.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/16/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Epidural Steroid Injection at C3/4, C4/5, C6/7

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

Board Certified Neurosurgeon with additional training in pediatric neurosurgery

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male with a date of injury xx-xx-xx, when he was involved in a motor vehicle accident. He developed neck pain and numbness in the right hand. He is status post C5-C6 ACDF 01/31/2008 and did well until the recent accident. He has had PT. His neurological examination reveals hyposthesia in the 1st, 2nd, and third digits of the right hand. Electrodiagnostic studies 01/02/2009 show no conclusive evidence of a right or left cervical radiculopathy. A CT of the cervical spine 07/09/2008 reveals lucencies in the interspace at C5-C6. There is congenital stenosis of the canal, which is exacerbated at C3, C4, C5, and C6 by ossification of the posterior longitudinal ligament. There are also small central disc protrusions at C3-C4, C4-C5, and C6-C7. An MRI of the cervical spine 05/17/2008 reveals at C3-C4 a broad-based right paracentral protrusion, mildly effacing the right anterior aspect of the thecal sac. The central canal and bilateral neuroforamen remain patent. At C4-C5 there is a broad-based right paracentral disc protrusion. At C6-C7 there is a broad-based posterolateral protrusion. The central canal remains patent as do the neuroforamina bilaterally at both these levels. Plain films of the C-spine with flexion and extension reveal persistent movement at C5-C6 10/27/2008.

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

The epidural steroid injections at C3-C, C4-C5, and C6-C7 are not medically necessary. According to the ODG, "Neck and Upper Back" chapter, ESI's are warranted when there is objective evidence of a radiculopathy. The claimant has hypesthesia in the right hand, but there are no reflex or motor changes consistent with a radiculopathy, and the EMG is negative for cervical radiculopathy. Moreover the MRI of the cervical spine shows nonspecific disc bulges with patent neuroforamina. No nerve root compression is seen. Therefore, based upon the submitted documentation the ESI's are not medically necessary.

References/Guidelines

Occupational and Disability Guidelines, "Neck and Upper Back" chapter"

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A

DESCRIPTION)

**[] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES
(PROVIDE A DESCRIPTION)**