

MATUTECH, INC.

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DATE OF REVIEW: JUNE 26, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Cervical ESI x2 62310 (77003 72040 npr)

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

The physician providing this review is a Doctor of Medicine (M.D.). The reviewer is national board certified in Physical Medicine and Rehabilitation as well as Pain Medicine. The reviewer is a member of International Spinal Intervention Society and American Medical Association. The reviewer has been in active practice for ten years.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Medical documentation **does not support the medical necessity** of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who was working when one dolly that he was using collided with another person's dolly thereby hitting him in the chest and knocking him backwards. He fell on his back, neck, and head. There was no loss of consciousness, but he subsequently developed headache, neck pain, and lesser low back pain.

2008: Cervical spine x-rays and magnetic resonance imaging (MRI) was unremarkable.

2009: On April 6, 2009, M.D., evaluated the patient for pain in the neck, head, and low back associated with diffuse weakness. The patient had been previously treated with physical therapy (PT) and chiropractic manipulations without relief. The patient was using Ambien, Naprelan, and hydrocodone/APAP. Examination revealed restricted bilateral rotation and painful motion of the neck to the left than to the right, tenderness to palpation at bilateral inferior facet column, superior spinous processes. Spine examination revealed mild mid and inferior lumbar spine tenderness and paravertebral muscle tenderness at S1 joints, slightly painful and decreased lumbar range of motion (ROM). Dr. assessed fibromyalgia and cervical strain/sprain, and prescribed Indocin, baclofen, and cervical traction.

On May 4, 2009, Dr. noted the cervical traction and medications seemed to be helping his pain. He denied any significant radicular symptoms. Most of his pain was in the neck and fairly constant. History was significant for gunshot wound in 1990's with resultant cervical surgery for the soft tissues and not for any spinal injury. Dr. replaced Indocin with Trilisate tablets and recommended cervical epidural steroid injection (ESI) x2.

On May 11, 2009, , D.O., performed a utilization review and denied the request for cervical ESI with the following rationale: *“There is insufficient documentation of nerve root compression as evidenced by absence of a dermatomal distribution of pain, numbness, and paresthesia. MRI of the cervical spine was unremarkable. There is insufficient documentation of failure of conservative management such as PT, exercise, NSAIDs, and muscle relaxants.”*

On May 26, 2009, D.O., denied the appeal for cervical ESI x2 with the following rationale: *“The medical records reviewed note the patient does not have radicular symptoms and has a negative MRI. Also, epidural steroid injection (ESI) should be requested as a singular procedure with additional injection to be determined by response. Without the opportunity to speak with Dr., I do not have the information necessary to certify this request.”*

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

UPHOLD DENIAL. PATIENT HAS NO RADICULAR COMPLAINTS AND ESI IS ONLY INDICATED FOR TREATMENT OF SUCH.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES