

## Notice of Independent Review Decision

### **DATE OF REVIEW:**

10/21/2009

### **IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Cervical epidural injection with catheter under fluoroscopy times two.

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

Doctor of Osteopathy, Board Certified Anesthesiologist, Specializing in Pain Management

### **REVIEW OUTCOME**

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

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**The cervical epidural steroid injection (ESI) with catheter times two is not medically necessary.**

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

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### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured individual is a male with date of injury xx/xx. The electromyogram (EMG) was negative. The MRI showed multilevel spondylosis. The injure individual had physical therapy (PT). The cervical neurological exam has been negative throughout other than for some sporadic diminished sensation in his fingers; other notes state he has no neural tension signs.

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

The injured individual is a male with a date of injury xx/xx. The MRI showed spondylosis and a C6 syrinx. The EMG was normal. The injured individual has complained of right arm pain but most physician notes indicate a negative neurological exam. Some notes state he has sensory loss in some digits but this is not a consistent finding and there are no other neurologic findings in the neck that are documented. He had PT. The epidural steroid injections (ESIs) are denied since there are no consistent neurologic findings on physical exam (PE), MRI showed no evidence of specific herniation of nucleus pulposus (HNP) or nerve root compromise and EMG was normal.



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

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**