

SENT VIA EMAIL OR FAX ON
Apr/15/2010

P-IRO Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (817) 349-6420
Fax: (214) 276-1787
Email: resolutions.manager@p-iro.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/14/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

ASC Interlaminar Epidural Injection C7-T1

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

Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

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

OD Guidelines

Denial Letters 2/26/10 and 3/10/10

Pain Consultants 9/20/05 and 2/8/10

MRIs 9/20/05 and 2/8/10

PATIENT CLINICAL HISTORY SUMMARY

This man sustained injuries about xx years ago. Most of the record addressed his lumbar spine, but there were early comments of cervical problems. The 9/05 MRI showed "advanced degenerative changes in the C5-6" region and a right lateral herniation in the right C6/7 neural foramen. The man had more symptoms during the past year. Dr. described bilateral C7 symptoms. The physical exam noted a right-sided positive Spurling sign, but otherwise a normal neurological exam of the upper extremities. The MRI from 2/8/10 showed the C5/6 central compression, foraminal compromise without root compression at C5/6 and to a lesser extent C6/7 on the right. The radiologist wrote that "there is narrowing and possible effacement of fat around the ventral right C7 nerve, enough that there is potential for right C7 nerve root irritation."

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

This man has symptoms in the right C7 (and left C7) dermatome meeting this requirement of the ODG. Further, there are the radiological findings and the positive Spurling sign to support the diagnosis of a right C7 radiculopathy. The lack of a neurological finding of a C7 radiculopathy is a concern, but this is offset by the presence of a right Spurling sign, which is seen with intermittent cervical root compression from outlet obstruction. The question is the benefit in a chronic condition is secondary as it is being used both for therapeutic and diagnostic purposes.

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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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