SENT VIA EMAIL OR FAX ON
Mar/31/2010

Applied Resolutions LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Mar/31/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Left Cervical C4 C5 Transforaminal ESI

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:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Denial Letters 2/1/10 and 2/22/10
3/19/10
Dr. 12/9/09 thru 2/15/10
Clinic 11/25/09
Pain 12/21/09 thru 2/15/09
MR Cervical and Lumbar Spine 12/21/09
Xray Pelvis 12/20/06, 2/21/07, 5/23/07
CT Abd/Pelvis 12/2/06
Xray Hip 12/2/06 thru 12/4/06
IRO Decision 3/17/10

PATIENT CLINICAL HISTORY SUMMARY
This is a male with a date of injury xx/xx/xx, when he fell off a 6-foot van onto his hip and suffered a comminuted fracture of the left hip and pelvis that required extensive surgery. He complains of neck pain radiating to the left shoulder. He has had PT, NSAIDs, and a home exercise program. His neurological examination is normal. An MRI of the cervical spine 12/21/2009 reveals multilevel cervical subluxations. At C3-C4: there is mild bilateral

foraminal encroachment. At C4-C5, there is dorsal annular bulging with asymmetric right dorsal lateral component. At C5-C6 there is minimal retrolisthesis. There is dorsal cord displacement with marked bilateral foraminal encroachment. At C6-C7 there is marked right foraminal encroachment and moderate left foraminal encroachment. The provider is requesting a left cervical C4-C5 transforaminal epidural steroid injection.

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

The ESI is not medically necessary at this time. The ODG requires that "radiculopathy must be documented" and "objective findings on examination need to be present". No examination suggests any evidence of radiculopathy. Therefore, his condition does not meet the criteria for ESI, and the procedure is, therefore, not medically necessary.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)