

# Clear Resolutions Inc.

An Independent Review Organization  
7301 RANCH RD 620 N, STE 155-199A  
Austin, TX 78726  
Phone: (512) 772-4390  
Fax: (512) 519-7316  
Email: resolutions.manager@cri-iro.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Jul/19/2010

**IRO CASE #:**

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

Cervical ESI under fluoroscopy, 62310, 77003, 72275, 99144, 99145, and A4550

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

M.D., Board Certified, Anesthesiology and Pain Management, American Board of Anesthesiologists.

**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**

ODG, Criteria for the use of ESI  
, Denial Letters, 6/15/10, 6/11/10, 5/25/10  
Pain Institute, 6/10/10, 5/19/10  
MRI Cervical Spine, 2/5/09  
Diagnostics, 5/19/10  
MRIoA, 6/14/10, 5/25/10  
, 8/5/09  
DO, 3/25/09  
Electro-Diagnostic Interpretation, 2/19/09

**PATIENT CLINICAL HISTORY SUMMARY**

On 6/10/10, the patient complained of pain in the "cervical region and the right arm." There is no specific dermatomal pattern documented." The patient has failed a "home exercise and stretching program" and opioid medications. A physical exam from 6/10/10 infers that all the reflexes in the entire left upper extremity were 2+ and in the entire right upper extremity, 1+. These results are not specific to a specific dermatome. There is also a statement that "two point discrimination to the hands indicate a consistent discrepancy of the right C5 and C6 distribution." This statement does not make sense since the C5 dermatome is not found in the hand. Therefore, these results are difficult to interpret. There is no documentation of the exact discrepancy found with the two point discrimination test. It is also noted on 5/19/10 that the patient underwent an ESI for this pain. The effect of the ESI on the patient's pain is not mentioned. An EMG/NCV from 2/19/09 is significant for "bilateral acute and chronic C6 radiculopathy, more severe on right side." An MRI from 2/5/09 showed disc bulges at C4-5 and C5-6. There was no cord compression or neuroforaminal stenosis seen.

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

Since the patient has received a previous ESI for this pain, this request would be considered a request for a therapeutic ESI. Per the ODG, "In the therapeutic phase, repeat blocks

should only be offered if there is at least 50% pain relief for six to eight weeks.” These results are not documented. Without knowing the results from the previous ESI, the reviewer finds that medical necessity does not exist at this time for Cervical ESI under fluoroscopy, 62310, 77003, 72275, 99144, 99145, and A4550.

**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)