

# US Resolutions Inc.

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Aug/09/2010

**IRO CASE #:**

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

Cervical ESI, Epidurography, Inject Spine C/T Fluoroguide for Spine Inject

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

M.D., Board Certified Anesthesiologist  
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 Cervical, Criteria for Use of ESI  
6/28/10, 6/14/10  
Pain Management Center 6/2/10, 6/21/10  
M.D. 2/26/10  
Imaging 3/3/10

**PATIENT CLINICAL HISTORY SUMMARY**

On x/x/xx, the patient complained of "pain that radiates from the neck to the bilateral arms." There is no dermatomal pattern noted. The physical exam was significant for "a foraminal compression test (that) caused pain to radiate to the right arm with the head rotated to the right." Also, there was "a decreased sensory response of the right radial forearm, thumb, and index finger." "Tactile stimulation demonstrated a decreased sensory response of the left radial forearm, thumb, and index finger." There was 4 out of 5 "motor strength" noted with flexion of the bilateral elbows and extension of the bilateral wrist. An MRI of the cervical spine (performed on 3/3/10) was significant for degenerative disc disease at C5-C6 and mild foraminal stenosis bilaterally at C7-T1. The patient has failed PT and medication management.

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

It is noted that the description of the patient's pain is non-descript. Because there is no detailed report of the patient's pain, it is unclear whether or not the physical exam findings correlate with the patient's radicular symptoms. The neurological exam appears to show abnormalities with the bilateral C6 levels based on the sensory and motor exam. The MRI does not show any foraminal stenosis that correlates with the physical exam findings. An EMG/NCV is not provided. The ODG states, "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." This

criteria is not satisfied. At this time, the reviewer finds that medical necessity does not exist for Cervical ESI, Epidurography, Inject Spine C/T Fluoroguide for Spine Inject.

**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)