I-Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/13/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
C3-4 C6 Transforaminal Epidural Steroid Injection

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified in Anesthesiology and Pain Management

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
Adverse Determination Letters, 11/6/10, 11/18/10
M.D. 10/6/09-11/22/10
Progress Notes 1/26/10
Healthcare 2/24/09
Chiropractic Rehabilitation Center 9/10/10
Medical Rehabilitation & Pain Center 10/29/09
Orthopedic Group 8/27/09-10/5/09
Medical Center 12/30/09
ODG Treatment Guidelines

PATIENT CLINICAL HISTORY SUMMARY
This is a male patient who was injured on xx/xx/xx. The patient describes that he was threading a piece of conduit with a machine and was jerked to the ground. The patient received an “anterior cervical fusion.” The level of the fusion is not noted. The date is noted as January 2010. The 11/22/10 note says he is treated with physical therapy and pain medications, as well as a medial branch block C/S with no benefit by Dr.. Per the 8/30/10 office visit note, the patient complains of pain in “the cervical spine that radiates in the back of the head of down the right upper extremity to the fingers.” The dermatomal pattern of the pain is not documented. The physical exam from the office visit of 8/30/10 did not have any documentation of a neurological or musculoskeletal exam. The most recent MRI is from 12/30/09. There have been no new imaging studies of the cervical spine noted in the information provided. The 8/30/10 note also mentions that an EMG showed “radiculopathy C5 and C6.” However, the date when the EMG was performed is not documented. A note from 8/27/10 mentions that the patient “received an epidural steroid injection.” The results of this are not documented.

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

Per the ODG, for a cervical ESI to be recommended as medically necessary "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." As stated above, on the date that the ESI was requested, there was no neurological exam noted. Also, the requested ESI levels correlate with the C4 and C5 nerve roots. The EMG reportedly did not show any signs of radiculopathy at C4. The ODG also states that "in the therapeutic phase, repeat blocks should only be offered if there is at least 50% pain relief for six to eight weeks." As noted above, the results of the previous ESI are not documented. For all of these reasons, the reviewer finds no medical necessity at this time for C3-4 C6 Transforaminal Epidural Steroid Injection.

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)