

SENT VIA EMAIL OR FAX ON  
Jan/04/2010

## Pure Resolutions Inc.

An Independent Review Organization

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Dec/29/2009

**IRO CASE #:**

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

Cervical Epidural Block under Fluro

**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 10/7/09 and 10/28/09

xxxxxxx 9/23/09

MRI 8/22/09

xxxxxxx 8/4/09 EMG/NCV 8/4/09

**PATIENT CLINICAL HISTORY SUMMARY**

This is a man injured his neck on xx/xx/xx. He had prior lumbar and thoracic ESIs (I am not clear why if he had a cervical injury). The MRI showed s moderate to mild spinal stenosis from C5 to C7 and spondylosis with formainal narrowing at C5/6 and left C6/7. with lesser formainal narrowing at other levels. The EMG 8/4/09 reported a chronic right C7 radiculopathy based upon "reinnervation in the right triceps and posterior tibialis" plus bilateral CTS and ulnar nerve problems. Dr., who performed the EMG, did not describe a pain pattern. Dr. provided the compliants and physical exam. He wrote of neck pain and trembling as the chief complaints, but not of a radicular pain. There was generalized weakness described. One prior reviewed commented that there were prior PT sessions, but the results were not provided. The Reviewer presumes they did not help; otherwise, the request would not have been made. At the same time, the Reviewer is not sure if the therapy was directed at the cervical region or elsewhere. Without this information, the Reviewer cannot justify a

cervical ESI.

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

ESIs are approved for radicular pain in a dermatomal distribution. Dr. described neck pain and did not describe any extremity or dermatomal distribution. The examination showed generalized weakness. The EMG reportedly was abnormal based upon “reinnervation

In the right triceps and posterior tibialis.” First, the posterior tibialis is in the lower extremity and would not be used to diagnose a cervical radiculopathy. The EMG is about 15 months post injury. The Reviewer does not know what findings were used to determine reinnervation. I presume polyphasic potentials. But again, this was not provided. Further, as noted, this man had PT, but the results are not provided. The Reviewer presumes this man may be a candidate, but the requesting doctor needs to provide a description of the radiculopathy (complaints and findings) and better description of the results of the therapy, and the actual information of the emg.

**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)