

# Clear Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Feb/23/2010

**IRO CASE #:**

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

CESI C4-5 & C6-7 injection w/epidurogram (62310, 77003, 72275, 62264)

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

M.D., Board Certified Orthopedic Surgeon  
Board Certified Spine Surgeon

**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 Guidelines and Treatment Guidelines  
Adverse Determination Letters, 1/20/10, 2/2/10  
M.D., 1/20/10, 11/16/09, 6/16/09, 4/24/09, 10/12/09, 8/17/09, 12/15/08, 11/10/08  
Abbott Law Firm 9/24/09  
Pain and Recovery Clinic 5/15/08  
Therapy and Diagnostics 12/15/08, 11/16/09, 8/17/09, 4/24/09  
Special Surgery 1/8/07  
Imaging 2/12/07, 12/12/06  
Surgery Specialty Hospitals 6/10/09  
JB & JS article (no date)

**PATIENT CLINICAL HISTORY SUMMARY**

This is an injured worker who initially was seen and treated for a shoulder problem with apparent improvement post surgery. Currently there is a request for a cervical epidural steroid injection. The patient has axial neck pain, no radicular complaints, and neurological examination is consistently negative. The MRI scan shows at the target level a 1-mm to 2-mm disc protrusion at C4/C5, and at C6/C7 a 2-mm central protrusion with no neural foraminal narrowing at either level.

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

In order to satisfy the Official Disability Guidelines and Treatment Guidelines for the use of epidural steroid injections, there must be hard findings of radiculopathy. This patient has neither symptoms nor signs of any radiculopathy and does not have an MRI scan which is compatible with any nerve root compression. It is for this reason that the previous adverse determination was upheld. The reviewer finds that medical necessity does not exist for CESI

C4-5 & C6-7 injection w/epidurogram (62310, 77003, 72275, 62264).

**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)