

# I-Decisions Inc.

An Independent Review Organization  
5501 A Balcones Drive, #264  
Austin, TX 78731  
Phone: (512) 394-8504  
Fax: (207) 470-1032  
Email: manager@i-decisions.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Apr/19/2010

**IRO CASE #:**

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

C6-C7 Epidural Steroid Injection (ESI)

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

M.D., Board Certified in pain management and anesthesiology under the 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 Guidelines

Adverse Determination Letters, 3/29/09, 3/3/09

Inc 3/30/10, 3/18/10

M.D. 2/10/10

Medical Center, 1/4/10, 11/19/09, 1/2/10

MD, 3/18/10, 2/2/10

**PATIENT CLINICAL HISTORY SUMMARY**

According to the exam note from 2/10/10, the patient complains of "pain in the neck." There is no mention of radicular symptoms. On physical exam, the patient has "decreased sensation to light touch and pin prick left upper extremity C6 distribution." This patient has also failed conservative care (medications and PT). A MRI from 1/4/10 shows moderate to severe bilateral foraminal stenosis at C6-7. On 3/18/10, it is noted that the patient has decreased pinprick in "hands and glove stocking pattern." An EMG from 10/26/09 showed a "severe right and left median sensory motor neuropathy and mild sensory peripheral neuropathy due to DM." This is consistent with the physical exam results. This is a mention of a positive Spurling's sign (the side which is positive is not mentioned). The note from 3/18/10 also states "CESI repeat" in the plan. The results of the initial ESI are not documented.

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

According to the Official Disability Guidelines, “in the therapeutic phase, repeat blocks should only be offered if there is at least 50% pain relief for six to eight weeks.” The results of the first ESI are not mentioned in the records provided and therefore, the reviewer is unable to determine if a repeat is appropriate. The EMG also does not show signs of radiculopathy. The physical exam at one point shows decreased sensation in a specific dermatome (C6) but also at one point shows a glove stocking pattern. This needs to be further clarified. There is a positive Spurling’s sign noted, but there is no mention of what side this was on. The ODG states, “radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.” This has not been accomplished according to the records reviewed. The reviewer finds that medical necessity does not exist at this time for C6-C7 Epidural Steroid Injection (ESI).

**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)