

SENT VIA EMAIL OR FAX ON  
May/15/2010

## IRO Express Inc.

An Independent Review Organization

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

May/14/2010

**IRO CASE #:**

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

Right C4, C5, C6, C7 medial branch blocks

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

Chiropractor

AADEP Certified

Whole Person Certified

Certified Electrodiagnostic Practitioner

Member of the American of Clinical Neurophysiology

Clinical practice 10+ years in Chiropractic WC WH Therapy

**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 3/22/10 and 3/29/10

Chiro 6/25/09 thru 3/10/10

MRI 9/18/09

Spinal Clinic 7/25/09 thru 12/30/09

2/18/10

Dr. 2/10/09

Healthcare 2/5/10

Dr. 2/17/09

Letter from 3/1/10  
Dr. 4/26/10  
Neuromuscular Institute 2/6/09 thru 9/1/09

**PATIENT CLINICAL HISTORY SUMMARY**

The injured employee was involved in an occupational motor vehicle injury on or about x/xx/xxxx. The injured employee eventually underwent a MR, medication management, FCE, physical therapy, psychological evaluation, and 10 sessions of work hardening. On 2-18-2010 the injured employee was assessed by a DDE and assigned a 0%IR. The injured employee does not report any numbness or tingling other than the "left" lateral aspect of the arm. It does not appear that the patient has undergone an EMG/NCV to determine the etiology of the numbness and tingling. A "right" C4, C5, C6, and C7 median nerve block has been requested.

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

The injured worker does not meet the criteria for "right C4, C5, C6, and C7 median nerve block". The injured employee has a negative MRI of the cervical spine and was assessed a 0%IR by the DDE. In addition the ODG recommends that only 2 joint levels be injected in one session.

**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)