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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Nov/19/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left cervical epidural steroid injection at the C5-6 and C6-7 levels with epidurography, fluoroscopy and localization of the needle

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

Official Disability Guidelines

7/22/10, 8/11/10

Sports Medicine & Orthopaedic Group 3/8/10 to 7/28/10

Doctors Professional Association 6/24/10 to 7/20/10

PATIENT CLINICAL HISTORY SUMMARY

Per the OV note, the claimant is complaining of "neck and left upper extremity symptoms." There is also a mention of a "documented C5 radiculopathy." This documentation was not submitted in the records that I reviewed. The dermatomal pattern of the patients left upper extremity symptoms is not described. The OV note from 3/8/10 does mention that the patient complains of "intense left shoulder/upper extremity discomfort." This is not specific but could be alluding to the C5 and/or C4 dermatome. A MRI is significant for a "posterior annular tear C5-C6 and C6-C7 with small 1-2 mm disc protrusions." Per the 7/9/10 OV note, the patient is in work hardening and "is not doing very well." The physical exam from 3/8/10 states that the patient had a positive Spurling's sign on the left. The exam from 7/9/10 is significant for "left biceps weakness and decreased reflex." This is consistent with a problem with the C6 nerve root.

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

Per the ODG, "radiculopathy must be documented by physical examination and corroborated

by imaging studies and/or electrodiagnostic testing.” The requested epidural steroid injection levels correlate with the left C6 and C7 nerve roots. These levels do not correlate with the documented location of the patient’s pain. The documentation also states that the patient has a “documented C5 radiculopathy.” Again, this does not correlate with the requested epidural steroid injection levels. The reviewer finds that there is not medical necessity for Left cervical epidural steroid injection at the C5-6 and C6-7 levels with epidurography, fluoroscopy and localization of the needle.

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)