

SENT VIA EMAIL OR FAX ON  
Oct/28/2010

## Pure Resolutions Inc.

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Oct/26/2010

**IRO CASE #:**

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

Transforaminal Cervical ESI

**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 9/15/10 and 10/1/10

Pain Medicine 9/10/10 thru 9/30/10

Dr. 8/3/10 thru 9/27/10

MRI 8/27/10

**PATIENT CLINICAL HISTORY SUMMARY**

The only medical notes are from Mr.. An FNP. He noted this man reportedly had 3 levels of fusion. The MRI states from C3-C5. It showed multiple level degenerative changes in the uncinat joints and right C6/7 foraminal stenosis. The 8/3/10 note from Mr. noted right-sided electrical pain, none on the left side. The pain went to the right neck and shoulder, but the examination showed local tenderness in the neck, but normal strength and sensation. The 9/27/10 exam reported some reduction in bilateral C6 dermatomal sensation. Otherwise there was no change in the exam. Neither exam described reflexes or atrophy. There is now reduced sensation in the first 2 fingers of each hand, largely a C6 dermatome.

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

C6/7 narrowing would effect the C7 root. The request for the right C5/6 injection would be for right C6 symptoms. The ODG requires that there be dermatomal pain. That may be C6 per the neck, shoulder and upper arm pain. The presence of a radiculopathy is not clear. There is a role for the selective nerve root block in determining the pain generator post surgery and when the radiological studies are inconclusive. However, the diagnostic and not the therapeutic criteria are met for the 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)