

Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 10/18/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient cervical epidural steroid injection at C5/C6

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in private practice of Pain Management full time since 1993

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
			<i>Prosp</i>						<i>Upheld</i>

INFORMATION PROVIDED FOR REVIEW:

- Certificate of Independence of the Reviewer.
- TDI case assignment.
- Letters of denial 09/28/10 & 09/17/10, including criteria used in the denial.
- Correspondence to URA 01/19/10.
- Radiology reports 09/26/08, 05/06/08 & 02/05/07.
- Follow up progress notes 10/16, 11/13/2009, 04/12, 08/12/2010.
- Psychological evaluation 12/19/09.
- Initial pain management evaluation 06/13/06.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This had an injury date of xx/xx/xx. He has persistent neck and left greater than right upper extremity pain. An MRI scan from 05/06/08 showed spondylitic C5/C6 left protrusion with left cord compression. Medications, injections, and a behavioral pain management program have been provided. The patient declines surgical options. Cervical epidural steroid injection was performed on 08/21/09 and possibly 05/20/10. Physical examination shows decreased sensation in the left arm.

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

This individual had at least one, possibly two, cervical epidural steroid injections. There is no documentation as to the degree or duration of relief. No documentation has been provided to demonstrate that ODG Guidelines have been met for cervical epidural steroid injection.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

- ACOEM-American 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)