

SENT VIA EMAIL OR FAX ON  
Apr/14/2011

## True Resolutions Inc.

An Independent Review Organization

835 E. Lamar Blvd. #394

Arlington, TX 76011

Phone: (214) 717-4260

Fax: (214) 276-1904

Email: [rm@trueresolutionsinc.com](mailto:rm@trueresolutionsinc.com)

### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Apr/14/2011

**IRO CASE #:**

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

Outpatient cervical epidural steroid injection

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

Board Certified Neuro Surgeon

**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

1. Cover sheet and working documents No Date
2. Request for medical records due dated 04/05/11
3. Medical records
4. Hand written note dated 01/24/11
5. EMG/NCV dated 11/16/10
6. MRI of the cervical spine dated 09/27/10
7. Progress note dated 01/20/11
8. Agreement regarding prescription pain medications dated 02/11/11
9. Clinical informational form dated 02/11/11
10. Patient information sheet dated 02/11/11
11. Notice to utilization review agent of assignment of IRO dated 03/31/11
12. Request form dated 03/24/11
13. Notice of utilization review findings dated 02/18/11, 02/25/11
14. Fax cover sheet dated 02/15/11
15. Treatment/pre-authorization request form dated 02/15/11
16. Fax cover sheet dated 02/22/11
17. Treatment/pre-authorization request form dated 02/22/11

**PATIENT CLINICAL HISTORY SUMMARY**

The injured employee is a female whose date of injury is xx/xx/xx. She complained of head and neck pain. MRI of the cervical spine dated 09/27/10 revealed focal marrow edema within the right C4 posterior facet and adjacent superior right C5 articulating facet, with mild adjacent soft tissue edema. There are multilevel cervical spine degenerative changes with mild central canal stenosis at C6-7. No signal abnormality is identified within the cervical spinal cord. There is a small posterior disc bulge at T2-3 which contacts the anterior aspect of the thoracic spinal cord and produces mild central canal stenosis. EMG/NCV dated 11/16/10 revealed findings with evidence of C5-6 radiculopathic process for which further clinical and neuroradiologic correlation is advised. Progress note dated 01/20/11 indicates that the injured employee feels the pattern of symptoms is

stable. The injured employee has been working within duty restrictions. The injured employee has reportedly had physical therapy and feels that the pattern of symptoms and functionality is essentially unchanged from previous. The pain is located on the right neck and trapezius muscle. On examination of the cervical spine there is no ecchymosis and no swelling. Spurling's maneuver is negative. There is limited range of motion with pain on rotation right and extension. There is focal mild palpation tenderness of the right neck. Examination of the right shoulder shows no obvious deformity. There is full range of motion. Apley's scratch test is intact. Neurosurgical note dated 02/11/11 indicates that current medications include Prozac, Amlodipine, Trazadone, Flexeril and Zipsor. On physical examination upper extremity strengths are 5/5 on the left and 4+/5 on the right. Deep tendon reflexes are 2+ and symmetric. There is altered sensation in the right upper extremity.

The initial request for cervical epidural steroid injection was non-certified on 02/18/11 noting that the follow up note dated 02/11/11 indicates that there is neck, right shoulder, and right arm pain with subjective numbness; there is no mention of clear neurologic signs. Deep tendon reflexes were 2+ and symmetric. There was altered sensation in right upper extremity, but it is not clear what that means in regards to specific dermatomes. There was MRI from 09/10 which showed degenerative disease of the cervical spine. The case does not meet the requisite ODG criteria for radiculopathy for epidural steroid injection.

The denial was upheld on appeal on 02/25/11 noting that there are no clear neurological signs. An MRI of cervical spine performed on 09/27/10 shows degenerative disc disease which is not related to the reported injury, nor is the edema marrow of C4 vertebra. This request does not follow criteria per ODG, as ODG requires clear and unequivocal evidence of radiculopathy, which is not present here. The claimant is currently receiving psychiatric care and appears to have nonorganic symptomatology; these may be contributing to claimant's current condition.

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

Given the current clinical data, the request for outpatient cervical epidural steroid injection is not recommended as medically necessary, and the two previous denials are upheld. The injured employee's physical examination does not establish the presence of active cervical radiculopathy, and the submitted cervical MRI does not support the diagnosis. There is no comprehensive assessment of treatment completed to date or the injured employee's response thereto submitted for review. Given the lack of documented radiculopathy and lack of documentation of failure of conservative treatment, the request for outpatient cervical epidural steroid injection is not recommended as medically necessary, and the two previous denials are upheld.

#### **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)