

SENT VIA EMAIL OR FAX ON
Nov/28/2011

Independent Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

Amended 11/28/2011
Date of Notice of Decision: Nov/28/2011

DATE OF REVIEW:
Nov/28/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Cervical Epidural Steroid Injection @ C6-C7; Fluoroscopic Guidance

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified Orthopedic 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
Preauthorization review 10/14/11
Preauthorization reconsideration review 10/28/11
Employer's first report of injury or illness, worker's compensation request for medical care, associate's statement and authorization for release of medical information xx/xx/xx
job offers
Office notes Dr. xx/xx/xx and 07/11/11
Office notes Dr. 07/18/11-10/11/11
Preauthorization request 10/11/11
Preauthorization appeal request 10/21/11
MRI cervical spine 09/19/11
EMG/NCV 10/06/11
Past medical records (prior to date of injury)

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who was injured on xx/xx/xx when a metal shelf fell from approximately 2 feet and hit her on the right shoulder and right aspect of her neck. Past medical history was significant for right shoulder dislocation with previous work related injury of approximately 5 years ago with repair of right shoulder. The claimant was noted to have developed acute neck and right shoulder pain. She was seen at an Care Clinic. Radiographs were obtained and were negative. She was given sling and prescribed medications. The claimant was seen for initial evaluation by Dr. on 07/18/11. Examination revealed the claimant to be 70 inches tall and 120 lbs. She had full range of motion of cervical spine; negative Spurling's; negative Hoffman's. Upper extremity demonstrated full range of motion with 5/5 motor strength and grip strength equal. Right shoulder exam revealed full range of motion. Internal motion was limited to posterior hip. Impingement was negative. There was no tenderness over bicipital groove or AC joint. There was negative Speed's, negative Yergason's. Radiographs of cervical spine revealed no acute osseous abnormalities. The claimant was recommended to undergo course of physical therapy, and was prescribed trial of Relafen 500 mg. The claimant was seen in follow-up on 09/07/11 with continued pain radiating to right side of neck and into right arm. She complains of increased pain with movement of neck, headaches, and weakness in right arm. Spurling's maneuver was positive to the right. MRI of cervical spine performed on 09/19/11 reported minimal concentric disc bulge at C6-7 without significant thecal sac deformity or stenosis. Electrodiagnostic testing was performed on 10/06/11 and was reported as a normal study without electrodiagnostic evidence of median or ulnar neuropathy at wrist or elbow. EMG showed no evidence of cervical radiculopathy, brachial plexopathy or any other peripheral nerve or muscle disease affecting upper extremities. The claimant was recommended to undergo cervical epidural steroid injection at C6-7 under fluoroscopic guidance.

Preauthorization review performed 10/14/11 determined the request for cervical epidural steroid injection at C6-7 with fluoroscopic guidance to be non-certified as medically necessary. It was noted that EMG/NCV performed on 10/06/11 was within normal limits, without cervical radiculopathy, brachial plexopathy or peripheral nerve or muscle disease. Exam prior to study documents bilateral 2+ deep tendon reflexes and normal sensation. 09/07/11 ortho note documents right shoulder weakness in abduction. There is no reported neurocompressive pathology on cervical MRI. ODG criteria for epidural steroid injection are not met as there is no objective evidence of cervical radiculopathy.

Reconsideration was reviewed on 10/28/11 and again determined as not medically necessary. The reviewer noted there were nonspecific symptoms. Serial examinations were without localizing neurologic deficit. EMG/NCV was within normal limits. MRI revealed no specific neurocompressive lesion. ODG criteria for epidural steroid injection are not met as there is no objective evidence of cervical radiculopathy.

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

The proposed cervical epidural steroid injection at C6-7 with fluoroscopic guidance is not supported as medically necessary by the clinical data provided. The claimant is noted to have sustained injury when shelf fell and hit her on right shoulder and right side of neck. She developed neck and right shoulder pain. The claimant was treated conservatively with medications, sling, therapy, and activity modification without significant improvement. MRI of cervical spine on 09/19/11 revealed minimal concentric disc bulge at C6-7 without evidence of nerve root compression or significant central canal or foraminal stenosis. Electrodiagnostic testing performed on 10/06/11 was reported as normal study without evidence of cervical radiculopathy, brachial plexopathy or any other peripheral nerve or muscle disease affecting upper extremity. On examination, there was no evidence of neurologic deficit with 5/5 motor strength. Deep tendon reflexes were 2+/4 and normal sensation. Per ODG guidelines, criteria for use of epidural steroid injections requires radiculopathy should be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.

The claimant does not meet ODG criteria for cervical epidural steroid injection, and the previous denials are upheld.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES