

SENT VIA EMAIL OR FAX ON
Feb/22/2011

True Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Feb/16/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
ESI to C5 with monitored anesthesia

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

PATIENT CLINICAL HISTORY SUMMARY

This is a xx-year-old man with neck pain going to the right trapezius muscle. An MRI showed disc protrusions at C3/4 and a left central at C5/6. His examination showed an absent right biceps reflex and another note of a right brachioradialis reflex. He reported had reduced sensation at the C4 and C6 dermatomes. He underwent a selective right C6 ESI on 12/28/10. He reportedly had 2 weeks of a 35% reduction in pain. There is a 2/11 note of an appeal. There were denials noted on 1/18/11.

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

ESIS are permitted in the ODG for radicular (dermatomal pain) plus corroborative findings of a radiculopathy. It is not clear that this is present in the extremities. Cervical radicular pain can present as pain down the back to the mid thoracic spine.

There were no electrodiagnostic studies. The MRI showed the “hard discs” without definite root compression. The ODG states that, “If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block.” The block appears to have been a therapeutic injection. In the therapeutic phase, repeat blocks should only be offered if there is at least 50% pain relief for six to eight weeks...” The request for the second block was less than 3 weeks after the first (12/28/10-denial 1/18/11), and possibly less. Therefore the justification for a second therapeutic ESI has not been met per the ODG criteria.

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)