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Notice of Independent Review Decision

DATE OF REVIEW: 12/22/10

IRO CASE #:

Description of the Service or Services In Dispute
2nd cervical ESI with fluoroscopy and IV sedation

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

Physician Board Certified in Neurological Surgery

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld	(Agree)
Overtured	(Disagree)
Partially Overtured	(Agree in part/Disagree in part)

Description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse determination letters, 12/8/10,11/17/10
Medical Notes, Dr., October, November 2010
Physical therapy records,
MRI cervical spine report 9/17/10
Operative report 11/2/10
ODG guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who in was involved in a motor vehicle accident. She developed neck pain, numbness and pain in both upper extremities, and some headache. Chiropractic treatments were unsuccessful in dealing with her trouble. A 9/17/10 cervical MRI showed a 3 mm right sided C4-5 disk herniation as probably present along with degenerative disk disease changes at the C5-6 level. Her examination showed diminished ROM secondary to pain as the only finding, with no definite reflex, sensory or motor deficit, there being only some questionable left sided sensory loss. The patient had a cervical ESI on 11/2/10, and it was reported that she was improved. The last note provided for this review, was only three weeks following the injection and was made on 11/23/10.

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

I agree with the denial of the requested repeat epidural steroid injection at this time. There is no supporting evidence for significant radiculopathy on physical examination, or on findings such as positive EMG. The patient is only three weeks after her first epidural steroid injection, when the

report was made requesting another block. My agreement with the denial is because the records were not long enough after the initial block to indicate six weeks of improvement or a definite radiculopathy.

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