

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 12/21/2010
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient C5-6 Epidural Steroid Injection

QUALIFICATIONS OF THE REVIEWER:

Occupational Medicine

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)

Outpatient C5-6 Epidural Steroid Injection Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Notice to utilization dated 12/2/2010
 2. Orthopedic report PA-C, dated 7/2/2010 to 10/25/2010
 3. X-ray, lumbar spine by MD, dated 4/30/2010
 4. MRI lumbar spine dated 4/30/2010
 5. Orthopedic report MD, dated 1/15/2010 to 6/11/2010
 6. X-ray cervical dated 1/15/2010
 7. Cervical spine dated 7/9/2009
 8. Operative report MD, dated 7/1/2009
 9. MRI cervical spine MD, dated 12/3/2008
 10. Lumbar spine 5 views dated 8/11/2008
 11. Clinical note dated 7/25/2008
 12. Clinical note unknown
 13. Nerve root blocks dated unknown
 14. Notice of assignment dated 12/2/2010
 15. Request form by author unknown, dated 11/30/2010
 16. Reconsideration by author unknown, dated 11/19/2010
 17. Fax page dated 11/15/2010
 18. Utilization review determination by author unknown, dated 11/10/2010
 19. Telephone conference dated 11/8/2010 & 11/18/2010
 20. Procedure orders by author unknown, dated 11/4/2010
 21. Fax page dated 9/8/2010
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22. Required medical examination MD, dated 9/2/2010
23. Communication result report by author unknown, dated 7/7/2010 to 11/30/2010
24. Patient information by author unknown, dated 7/2/2010 & 8/16/2010
25. Operative report MD, dated 5/19/2010
26. X-ray lumbar spine MD, dated 4/30/2010
27. MRI lumbar spine MD, dated 4/30/2010
28. Orthopedic report MD, dated 1/15/2010 to 10/25/2010
29. X-ray cervical MD, dated 1/15/2010
30. X-ray shoulder MD, dated 1/15/2010
31. X-ray lumbar MD, dated 1/15/2010
32. MRI of the left shoulder MD, dated 1/12/2010
33. History note MD, dated 7/9/2009
34. MRI shoulder by author unknown, dated 12/5/2008
35. MRI thoracic spine MD, dated 12/5/2008
36. Radiology consultation report MD, dated 12/4/2008
37. MRI cervical spine MD, dated 12/3/2008
38. MRI brain MD, dated 12/3/2008
39. X-ray spine lumbosacral MD, dated 8/8/2008
40. X-ray spine cervical MD, dated 8/8/2008
41. Authorization for release of films by author unknown, dated unknown
42. Clinical note by author unknown, dated unknown
43. Criteria for successful outcome dated unknown
44. Form by author unknown, dated unknown
45. Epidural steroid injection dated unknown
46. Nerve root blocks dated unknown
47. Guide to the evaluation of permanent impairment dated unknown

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee (IE) is a male who sustained injury on xx/xx/xx. MRI of the cervical spine dated 12/05/2008 reported findings of a 1-2mm disc protrusion at the C2-3, C4-5, C5-6, and C6-7 levels. Clinical note dated 01/15/2010 reported the IE was originally injured when he fell backwards and struck his head, neck, back, and shoulders on a set of metal stairs. Clinical note dated 03/01/2010 reported he complained of 7/10 cervical pain with occasional numbness and tingling in the bilateral hands. Physical exam reported decreased cervical spine range of motion, positive axial compression test, and intact strength and sensation to the upper extremities.

Required medical examination dated 09/02/2010 reported the IE had symmetric reflexes and some sensory changes in the C6-type pattern down the left arm. Clinical note dated 10/25/2010 reported the patient complained of 7/10 neck pain with continued radiation to the left upper extremity with numbness and tingling. Physical exam of the cervical spine reported tenderness in the posterior cervical region, decreased range of motion in all planes, positive axial compression test, positive Spurling's sign reproducing left shoulder pain, left motor weakness compared to right, continued paresthesia in the bilateral hands. In that report, the IE had exhausted physical therapy and oral anti-inflammatories with only temporary relief. He was recommended for a cervical epidural steroid injection.

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

The request for cervical epidural steroid injection is medically necessary at this time. The IE has prior MRI evidence of 1-2mm disc protrusions at the C2-3 and C4-C7 levels with impression upon the thecal sac and neuroforaminal narrowing at the C5-6 level. He has persistent cervical spine symptoms with radiation into the left upper extremity, despite physical therapy and medication management. He also has physical exam findings consistent with cervical radiculopathy.

Official Disability Guidelines recommend cervical epidural steroid injections for patients with documented radiculopathy who have been unresponsive to conservative measures. As such, the clinical documentation provided does support the medical necessity of the request at this time. The recommendation is to overturn the previous denial.

A 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)

Physician's Desk Reference. 2009.