

C-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jan/10/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical ESI C4-C5, C5-C6

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

M.D., Board Certified in Anesthesiology and Pain Management

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

11/21/10, 12/9/10

Orthopedics 6/8/10 to 11/19/10

M.D. 7/20/10

Orthopaedic Associates, L.L.P. 5/12/10

MD PA 3/29/10

MRI & Diagnostic Center 6/29/10

4/24/10

Imaging 3/1/10

Imaging, Inc. 1/28/10

M.D. 10/27/10

Official Disability Guidelines

PATIENT CLINICAL HISTORY SUMMARY

This patient complains of "constant pain in her neck area that radiates into her left upper extremity" per the examination note. The exact location of the pain in the upper extremity is not described. Physical exam is significant for a positive Spurling's sign on the left, weakness on the left wrist flexors, wrist extensors, and grip strength, and decreased sensation "in her entire left hand." The weakness and decreased sensation correlates with pathology at the C6, C7, and C8 nerve roots. An EMG from 6/29/10 was "unremarkable." A cervical spine MRI showed a "left-sided disk herniation at C4-5 and C5-6."

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

According to the Official Disability Guidelines criteria for ESI: "no more than one interlaminar level should be injected at one session." The above request does not state whether a transforaminal or interlaminar ESI is being requested. Because a side (i.e. left, right) is not

specified, it would be assumed that this request is for an interlaminar ESI. Two levels are being requested. This is not appropriate per the ODG. Also, the ODG states, "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." It is difficult to decide if all of this data correlates since the patient's pain pattern is not described in enough detail that allows us to decide if the pain is experienced in a radicular pattern. Also, the physical exam results are significant for problems at the C6-C8 nerve roots. The levels requested for the ESI is consistent with the C5 and C6 nerve roots. In addition, the EMG was "unremarkable." Based on this information, the reviewer finds that there is no medical necessity at this time for Cervical ESI C4-C5, C5-C6.

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)