I-Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/27/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
C7 Selective Nerve Block (Transforaminal Epidural Steroid Injection)

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:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Official Disability Guidelines
11/15/10, 12/7/10
Pain Institute 6/9/09-11/30/10
7/10/09, 1/28/10, 7/28/10, 7/1/10, 9/2/10
2/20/09-11/15/10
Diagnostic Center 7/13/10
Neurotexas 6/28/10
Radiology 5/18/10
Impairment Resources 4/12/10
P.C. 12/16/10
Chiropractic Centers, 3/4/09
MRI Cervical Spine, 5/11/09
Second Opinion: MRI of the Cervical Spine Dated 5/11/09
MRI Lumbar Spine, 5/18/10

PATIENT CLINICAL HISTORY SUMMARY
This male patient has complaints of right neck and right upper extremity pain (per the patient's drawing) following a car accident that occurred in xx/xx. The exact location of the patient's pain is not described. Therefore, a dermatomal pattern cannot be determined. Physical exam states that the patient has a decreased brachioradialis reflex on the left. Per a "Review of Medical History & Physical Exam" from 1/28/10 an MRI from 5/11/09 shows "a 2-3 mm, disc protrusion at C6-7 compressing the anterior thecal sac displacing the cord posteriorly but no atrophic changes." An EMG performed on 7/13/10 showed "evidence of cervical radiculopathy at the left C7, C8 nerve root level more prominent on the left." The patient received 2 cervical ESI's (8/09 and 6/09). Per the 1/28/10 note, the patient received "10 days of relief from the first block. It was incomplete." The percentage of pain relief and

increase in function was not noted. “He got near complete relief for five weeks with the second block…” The request is for a left C7 selective nerve root block. There is no mention as to what treatment would be considered if the left C7 nerve is found to be the location of the patient’s pain.

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

Per the ODG, “radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing” if considering an ESI for treatment. It is difficult to corroborate this information since this patient’s symptoms are never fully defined. Also, the physical exam results don’t correlate with a C7 radiculopathy. In this case, the request is being ordered for “diagnostic reasons.” An invasive diagnostic test like a selective nerve root block should be ordered if this will change the treatment plan, however there is no recommended treatment plan in the records reviewed if this level is found to be a cause of the patient’s pain. The reviewer finds no medical necessity for C7 Selective Nerve Block (Transforaminal Epidural Steroid Injection).

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

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

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)