

Core 400 LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/06/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical epidural steroid injection

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

M.D., Board Certified in pain management and anesthesiology under the American Board of Anesthesiologists.

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

2/2/11, 12/30/10

Official Disability Guidelines, Neck and Upper Back Chapter

An M.D. 12/15/10-1/26/11

Diagnostic, LLC 1/12/11

12/6/10

Diagnostics, LLC 8/9/10

A D.C., R.N., C.C.S.P. 11/8/10

EMG 1/9/10

PATIENT CLINICAL HISTORY SUMMARY

The patient complains of neck and shoulder pain per the 12/15/10 note. According to the notes, "There is no particular pattern to the pain." There is no mention of upper extremity pain. On this same date of service, there are no objective findings noted for cervical radiculopathy. An EMG/NCV performed on 8/9/10 was significant for a right C6 radiculitis. A cervical spine MRI performed on 6/8/10 was significant for 1-2mm posterior disc protrusions from C4-C7. A positive Spurling's sign was noted on a physical exam on 12/6/10. It was not noted if this was on one side or bilaterally. The records indicate the patient has failed physical therapy and medication management.

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

According to the ODG criteria for ESI, "radiculopathy must be documented by physical

examination and corroborated by imaging studies and/or electrodiagnostic testing.” There are no specific physical exam findings noted to suggest that a specific dermatome is affected. In addition, the patient’s symptoms are generalized and not specific to a certain dermatome. If a C6 radiculopathy is thought to be an issue with the patient, you would expect a complaint of upper extremity pain and not just shoulder pain. There are no physical exam findings consistent with a C6 radiculopathy. The reviewer finds no medical necessity for Cervical 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

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)