

SENT VIA EMAIL OR FAX ON
Apr/26/2011

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Apr/22/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Outpatient Transforaminal Epidural Steroid Injection (ESI) to the left C5-6 level.

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified Orthopedic Surgeon (Joint)

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
OD Guidelines

1. Cover sheet and working documents
2. Notice of utilization review findings dated 03/11/11, 03/30/11
3. Fax cover sheet dated 03/08/11, 03/03/11, 04/12/11
4. MRI of the cervical spine dated 07/23/10
5. Medical records Dr.
6. Request for medical records dated 04/11/11
7. Follow up note dated 01/14/11
8. History and physical dated 12/14/10

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was pulling heavy scales and turning to the left when he developed sharp pain radiating from the neck to the left side of the chest and down the left arm. MRI of the cervical spine dated 07/23/10 revealed bilateral foraminal stenosis at C3-4 and C4-5; left sided foraminal stenosis at C5-6

and C6-7; and shallow central/left paracentral disc protrusion at C5-6 with moderate cord impingement. History and physical dated 12/14/10 indicates that the patient completed 10 sessions of physical therapy with incomplete benefit. An EMG/NCV was performed and reportedly revealed left C6-7 radiculopathy. CT myelogram reportedly revealed left paracentral C5-6 disc herniation with truncation of the left C6 nerve root sleeve and minimal spondylosis at C6-7 without significant nerve root compression at that level. Follow up note dated 03/03/11 indicates that the patient underwent a single epidural steroid injection "done within the past few weeks". On physical examination cervical range of motion is mildly restricted in extension, lateral bending and rotation. Upper extremity neurologic testing was significant for weakness of the biceps flexor on the left side. Sensory function was diminished over the C6 dermatomal area on the left side. Deep tendon reflexes were depressed bilaterally.

Initial request for transforaminal epidural steroid injection to the left C5-6 level was non-certified on 03/11/11 no information is given as to the results of the previously authorized cervical epidural steroid injection at C6-7. The denial was upheld on appeal dated 03/30/11 noting no information has been provided regarding the length and degree of possible relief of this requested treatment. Absent information regarding the efficacy of the last epidural steroid injection, another epidural steroid injection does not appear to be supported by ODG>

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

Based on the clinical information provided, the request for outpatient transforaminal epidural steroid injection to the left C5-6 level is not recommended as medically necessary, and the two previous denials are upheld. Follow up note dated 03/03/11 indicates that the patient underwent cervical epidural steroid injection; however, the patient's objective, functional response to this injection is not documented. The Official Disability Guidelines support repeat cervical epidural steroid injection only with documentation of at least 50-70% pain relief for at least 6-8 weeks. Given the lack of documentation regarding the patient's response to previous epidural steroid injection, the requested epidural steroid injection is not indicated as medically necessary, and the two previous denials are upheld.

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

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES