

SENT VIA EMAIL OR FAX ON  
May/04/2011

## Applied Resolutions LLC

An Independent Review Organization  
900 N. Walnut Creek, Suite 100 PMB 290  
Mansfield, TX 76063  
Phone: (214) 329-9005  
Fax: (512) 853-4329  
Email: manager@applied-resolutions.com

### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Apr/25/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Left C5/6 Cerv Selective NRB / Transforaminal ESI

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

Board Certified Orthopedic Surgeon

**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**

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a male whose date of injury is xx/xx/xxxx. On this date the patient was lifting at work and noted neck pain. Cervical CT myelogram dated 08/23/10 revealed that the spinal canal at C4-5 and C5-6 is mildly stenotic secondary to osteophytes, especially at the lateral recesses. No significant canal stenosis is seen at C2-3, C3-4, C6-7 and C7-T1. Office visit note dated 03/14/11 indicates that treatment to date includes activity modification and medication management. Current medication is ibuprofen. Follow up note dated 03/28/11 indicates that on physical examination pinprick sensation is decreased in the left C5 and C6 dermatomes. Motor strength is 5/5 in the upper extremities exception 5-/5 left wrist extensors. Cervical range of motion is limited in left rotation by pain and limited in all planes mildly.

Initial request for left C5-6 cervical selective nerve root block/transforaminal ESI was non-certified on 03/18/11 noting that there is no indication that the patient has undergone an appropriate course of physical therapy. The denial was upheld on appeal dated 03/30/11 noting that the patient underwent MRI and CT myelogram; however, reports of these studies were not provided. There was no report of a physical therapy program completion. There

was reference to a designated doctor evaluation; however, this report was not submitted for review.

**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 left C5-6 cervical selective nerve root block/transforaminal ESI is not recommended as medically necessary, and the two previous denials are upheld. The patient sustained injuries in and treatment to date is noted to include only activity modification and medication management. The Official Disability Guidelines support selective nerve root block/epidural steroid injection only when a patient has been unresponsive to conservative treatment to include exercises and physical methods. Given that the patient has not completed an appropriate course of physical therapy, the requested 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**

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)