

SENT VIA EMAIL OR FAX ON  
Nov/04/2011

## Applied Resolutions LLC

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**  
Nov/04/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
Initial cervical ESI C5/6

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

Cover sheet and working documents  
Utilization review determination dated 09/29/11, 10/21/11, 07/15/11  
Follow up note dated 09/19/11, 08/25/11, 08/17/11, 08/08/11, 07/28/11, 10/13/11, 06/03/11, 07/08/11, 06/14/11  
CT cervical spine dated 02/21/11

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a male whose date of injury is xx/xx/xx. On this date the patient fell back injuring his upper back, neck, and arms associated with numbness and tingling. CT of the cervical spine dated 02/21/11 revealed no acute fracture or subluxation; anterior osteophyte C5-6 and C6-7. Note dated 06/03/11 indicates that the patient has undergone chiropractic

and physical therapy modalities. The patient was treated in the past for back pain associated with failed back surgery improved with spinal cord stimulation. MRI has not been performed secondary to the patient's metallic implants. Physical examination on 09/19/11 indicates that the patient has exquisite tenderness in the cervical facet regions. He has decreased neck range of motion. He has moderate tenderness in the posterior cervical spine. He has decreased left rotation at 40 degrees. He has decreased pinprick sensation in the C5-6 distribution.

Initial request for cervical epidural steroid injection C5-6 was non-certified on 09/29/11 noting that the radiculopathy is equivocal as the 09/19/11 evaluation shows only C5-6 deficiency to pinprick. The Dr. report found the patient neurologically intact and there were no specific neurologic deficit findings from Dr.. Sensation loss was subjective. There was no corroboration from imaging as well. The denial was upheld on appeal dated 10/21/11 noting that there is no clear documentation showing any neurological deficits. There is no documentation of conservative treatment. There is no EMG/NCV provided with this review to confirm a radiculopathy.

#### **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 initial cervical epidural steroid injection C5-6 is not recommended as medically necessary, and the two previous denials are upheld. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The patient's physical examination fails to establish the presence of active cervical radiculopathy, and there are no imaging studies/electrodiagnostic results provided to support the diagnosis as required by the Official Disability Guidelines.

#### **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)**