

SENT VIA EMAIL OR FAX ON  
Nov/2/2011

## P-IRO Inc.

An Independent Review Organization  
1301 E. Debbie Ln. Ste. 102 #203  
Mansfield, TX 76063  
Phone: (817) 405-0878  
Fax: (214) 276-1787  
Email: resolutions.manager@p-iro.com

### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**  
Oct/31/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
Left C5/6 Cervical Catheter With Fluoroscopy Under Sedation

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

**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  
Utilization review determination 09/13/11 recommending non-certification left C5-6 cervical catheter with fluoroscopy under sedation  
Reconsideration / appeal of adverse determination dated 10/11/11 recommending non-certification left C5-6 cervical catheter with fluoroscopy under sedation  
Office visit notes and letter of medical necessity for left C5-6 cervical epidural Dr. 08/30/11  
Office note and letter of medical necessity for left C5-6 epidural Dr. 05/27/11

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male whose date of injury is xx/xx/xx. The mechanism of injury is described as lifting. No radiology report was submitted for review, but CT scan of cervical spine from 11/07 was noted to show early disc osteophyte complex at C3-4, C4-5 and C5-6 with mild canal stenosis and mild ventral cord deformity at C3-4 and C4-5. Mild to moderate left C4-5 foraminal stenosis was also present with uncovertebral joint overgrowth. Significant facet osteoarthritis was not identified. Examination on 08/30/11 revealed cranial nerves II-XII were

grossly intact. Sensation to light touch, pinprick, and position was intact at four hypoesthesia involving entire right hand. Upper extremity examination revealed no discomfort in upper extremities. Palpation of the region was non-painful. There was no obvious sensory or motor deficit in either of the upper extremities. There is no evidence of allodynia, hyperalgesia, cyanosis, clubbing, edema, or hyperhidrosis in the hands or upper extremities bilaterally. Spurling's test was noted to be positive to left, right sided shoulder pain and left sided neck and arm pain. Spurling's test to the right reproduced right sided shoulder pain and left sided arm pain. Axial compression test is negative. Cervical spine range of motion is limited when claimant tries to rotate his head to right side. There was also limited range of motion when he flexes his neck and extends his neck posteriorly. Multiple areas of cervical trigger points were also noted.

A request for left C5-6 cervical catheter with fluoroscopy under sedation was reviewed on 09/13/11 and the reviewer did not recommend approval. The claimant has left arm pain, with mention made of hypoesthesia of the entire right hand. CT scan from 2007 showed no clear neurocompressive pathology. Recent consult states "no obvious sensory or motor deficits in either upper extremity." Reviewer noted that radiculopathy must be documented by physical examination and corroborated by imaging studies and / or electrodiagnostic studies, and there must be evidence the claimant is initially unresponsive to conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants.

A reconsideration / appeal request was reviewed on 10/11/11, and the proposed left C5-6 cervical catheter with fluoroscopy under sedation was not recommended for certification, and the previous adverse determination was upheld. The reviewer noted that peer to peer discussion with the requesting provider was completed on 10/11/11 and Dr. provided additional justification noting the claimant has positive Spurling's which produces right sided shoulder pain and left sided arm pain. Dr. did not indicate any reflex findings and motor and sensory deficits were not addressed. Dr. states the CT demonstrates mild canal narrowing. The reviewer noted while Dr. discussion is appreciated and positive Spurling's acknowledged, the most recent examination done on 10/30/11 does not establish objective findings with motor, sensory, or reflex abnormalities indicative of radiculopathy. The diagnosis requires dermatomal distribution of pain, numbness, and / or paresthesias. It is further noted that the most recent examination does not establish neurologic deficits to lower extremities as to support diagnosis of lumbar radiculopathy. It is further noted that imaging studies did not establish neurocompressive lesion, and in the absence of objective radiculopathy, the claimant would not be considered appropriate candidate for this type of interventional pain management procedure.

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

Based on the clinical information provided, medical necessity is not established for left C5-6 cervical catheter with fluoroscopy under sedation. The claimant is noted to have sustained a lifting injury on xx/xx/xx. He is status post L4-5, L5-S1 fusion surgery performed on 06/27/06. Records indicate the claimant was treated with medications, caudal catheter x 3 and one set of lumbar facet medial branch blocks. There is no comprehensive history of conservative treatment completed to date for the cervical spine. There is no objective evidence of a neurocompressive lesion of cervical spine on imaging studies. The most recent examination on 08/30/11 indicated positive Spurling's maneuver, but there is no evidence of motor, sensory, or reflex changes to left upper extremity. Per ODG guidelines, epidural steroid injection criteria require that radiculopathy must be documented by physical examination and corroborated by imaging studies and / or electrodiagnostic testing. Given the current clinical data, the request for left C5-6 cervical catheter with fluoroscopy under sedation is not indicated as medically necessary. The previous denials should be upheld on IRO.

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

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES