

# Core 400 LLC

An Independent Review Organization  
7000 N. Mopac Expressway, Second Floor  
Austin, TX 78731  
Phone: (512) 772-2865  
Fax: (530) 687-8368  
Email: manager@core400.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Aug/29/2011

**IRO CASE #:**

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

Cervical ESI C5-6, C6-7

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

MD, Board Certified in 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**

Official Disability Guidelines

Progress notes 05/11/11-06/29/11

MRI cervical spine without contrast 06/20/11

Utilization review cervical epidural steroid injection C5-6, C6,-7 07/11/11

Letter of appeal 07/15/11

Utilization review appeal cervical epidural steroid injection C5-6, C6-7, 07/25/11

**PATIENT CLINICAL HISTORY SUMMARY**

The patient has a date of injury of xx/xx/xx. Note on 05/11/11 indicates that treatment to date includes cortisone injection to the shoulder with minimal response. MRI of the cervical spine dated 06/20/11 revealed bulging of the annulus at C3-4 with maximum posterior extent 5 mm centrally; C4-5 bulge with maximum 2 mm posterior extent centrally; C5-6 bulge with maximum posterior extent 4 mm centrally with mild right foraminal narrowing, left foramen patent, cord normal, facets normal. Physical examination on 06/29/11 notes cervical motion is moderately restricted for flexion and extension. There is minimal restriction for bilateral rotation and lateral flexion. There is no midline discomfort. Spurling's maneuver is positive.

The request was denied on 07/11/11. Rationale for denial was that the patient's physical examination did not establish the presence of active cervical radiculopathy and the MRI did not support the diagnosis. In a letter of appeal on 07/15/11 the provider states that the patient has been compliant with conservative care including oral medication and injection care. The request was denied again on 07/25/11.

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

The records in this case fail to establish that the patient has been unresponsive to conservative treatment. The patient has been treated with oral medications and a local cortisone injection to the shoulder. However, there is no indication that the patient has undergone a course of physical therapy or is compliant with an independent home exercise

program. As previous reviewers have noted, this patient's physical examination does not establish the presence of radiculopathy, and the MRI of the cervical spine dated 06/20/11 fails to support a diagnosis of radiculopathy. Given the lack of documented radiculopathy and lack of documentation of failed conservative treatment, the reviewer finds that Cervical ESI C5-6, C6-7 is not medically necessary.

**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)