

SENT VIA EMAIL OR FAX ON
Sep/13/2011

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/13/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 Cervical Epidural Steroid Injection under Fluoroscopy with Sedation at Levels C3/4 and C6/7

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

Board Certified Anesthesiologist/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

1. Cover sheet and working documents
2. Utilization review determination dated 08/03/11, 08/12/11
3. Follow up note dated 08/22/11, 04/11/11
4. Exercise flowsheet dated 04/11/11
5. Designated doctor evaluation dated 06/14/11
6. Initial pain evaluation dated 07/25/11
7. EMG/NCV dated 06/14/11
8. MRI cervical spine dated 05/10/11
9. MRI right upper extremity dated 05/10/11
10. Preauthorization form dated 07/29/11, 08/05/11
11. Health insurance claim forms
12. Handwritten note dated 04/07/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xx. The patient reported injuries to her back, neck and right shoulder secondary to performing repetitive strenuous motion. MRI of the cervical spine dated 05/10/11 revealed a broad 1 mm disc protrusion at C3-4 with a 3 mm left posterolateral component and mild left neural foraminal narrowing. At C6-7 there is a 3-4 mm right paracentral protrusion with mild central canal stenosis and mild right neural foraminal narrowing. EMG/NCV dated 06/14/11 revealed subtle electrophysiological evidence of cervical radiculopathy involving the right C7 nerve root. Designated doctor evaluation dated 06/14/11 indicates that the patient shows no objective sensory deficit and no objective motor deficit of the cervical spine, thoracic spine, lumbar spine, upper or lower extremities. The patient was determined to have reached MMI as of 04/01/11 with 0% whole person impairment. Treatment to date is noted to include chiropractic care. Diagnoses are listed as cervical strain, thoracic strain and lumbar strain. Initial pain evaluation dated 07/25/11 notes that on physical examination she had decreased pinprick sensation at the C6-7 distribution on the right. She also had trigger point tenderness posteriorly in the interscapular and rhomboid regions.

Initial request for cervical epidural steroid injection was non-certified on 08/03/11 noting that active there is no clear documentation of associated clinical findings such as loss of relevant reflexes, muscle weakness and/or atrophy of appropriate muscle groups, loss of sensation in the C3-4 dermatome. The denial was upheld on appeal dated 08/12/11 noting that the physical examination did not document weakness in a myotomal pattern, upper extremity hyporeflexia or positive orthopedic tests that would support the diagnosis of radiculopathy. Decreased sensation in the C3-4 distribution is not reported. Maximized pharmacotherapy was not substantiated with pain and symptom logs with medication use.

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 1 cervical epidural steroid injection under fluoroscopy with sedation at levels C3-4 and C6-7 is not recommended as medically necessary, and the two previous denials are upheld. The patient's physical examination fails to establish the presence of active cervical radiculopathy as required by the Official Disability Guidelines. In fact, designated doctor evaluation dated 06/14/11 notes that the patient showed no objective sensory deficit and no objective motor deficit of the cervical spine. The patient was determined to have reached maximum medical improvement as of 04/01/2011 with 0% whole person impairment. Given the current clinical data, the requested epidural steroid injection is not indicated as medically necessary.

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