

I-Decisions Inc.

An Independent Review Organization
5501 A Balcones Drive, #264
Austin, TX 78731
Phone: (512) 394-8504
Fax: (207) 470-1032
Email: manager@i-decisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Aug/31/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient cervical epidural steroid injection C5-C6 LSO Surgical Center

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

M.D. 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

Official Disability Guidelines Treatment in Worker's Comp, 16th edition, 2011 Updates. Neck and Upper Back: Therapeutic ESI

I Evaluation Center: 09/18/09

Chiropractic: 02/06/07

Dr.: 04/18/07

Dr., Designated Doctor Exam: 07/16/07, 09/14/07

Dr., Required Medical Exam: 11/13/08

Dr. Required Medical Examination: 11/17/09

Dr. Designated doctors Exam: 09/07/10

Dr. ESI: 10/23/09

Dr. Orthopedic report: 08/20/07, 12/20/07, 01/03/08, 02/06/08, 03/26/08, 04/13/08, 06/02/08, 07/16/08, 10/05/08, 01/05/09, 11/03/09, 11/04/10, 12/07/09, 01/19/10, 03/25/10, 06/25/10, 09/02/10, 05/09/11, 07/25/11, 07/28/11

Dr., Telephone conference: 10/27/08

Dr. Procedure Orders: 07/27/11

Risk Management Fund, Peer Review: 10/16/07, 02/01/08, 09/08/08

Risk Management Fund, Peer Review: 07/09/11, 08/08/11

MRI of left shoulder report: 03/06/07

Operative Report: 12/13/07

MRI of cervical spine report: 08/15/08

MRI of Lumbar spine report: 08/14/08

FCE Report re: left shoulder: 06/12/08

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female who injured her cervical spine on xx/xx/xx. While exiting a school bus, the patient slid and bounced down the steps. She suffered a neck sprain/strain. The

patient had an MRI of her cervical spine on that showed a broad-based central disc-osteophyte at C5-6, which contacted the ventral surface of the spinal cord. The AP dimension of the thecal sac measured 8 millimeters at C5-6. The dorsal subarachnoid space remained widely patent and there was no spinal cord edema at C5-6. There was moderate spondylosis and annular disc bulging at C6-7 but no significant canal or foraminal stenosis was seen. The left lateral recess and neural foramen at C3-4 were minimally encroached secondary to left uncovertebral osteoarthritis. The patient underwent an epidural steroid injection on 10/23/09. When she saw Dr. on 07/25/11, he reported that the previous cervical epidural steroid injection done on 10/23/09 had helped with the patient's neck pain and left hand pain until her 09/02/10 office visit which almost a whole year. The patient complained of 4/10 cervical pain.

On examination the patient had cervical tenderness with increased pain with axial compression. She had a positive Spurling's sign on the left that reproduced her left forearm pain. It was difficult to test her left arm for motor strength and reflexes due to the patient's shoulder injury and her neck pain. Dr. r recommended a cervical epidural steroid injection. This was noncertified by two peer reviews.

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

The requested Outpatient cervical epidural steroid injection C5-C6 LSO Surgical Center is not medically necessary based on review of this medical record.

This is a woman who has neck and arm complaints following an injury in. The medical records document her ongoing subjective complaints, but there is no clear documentation in the medical records of a true neurologic deficit.

On 07/25/11, she was evaluated, and the medical record documents normal neurologic findings, although it is difficult to determine in her left arm because of neck pain. There is no documentation of an abnormal EMG.

Official Disability Guidelines document the use of epidural steroid injections in patients who have neck and radicular arm complaints with proven neurological deficit on physical examination which correlate with abnormal EMG and MRI testing.

In this case, there is no documentation of a true neurologic deficit on physical examination. The MRI report describes a bulging disc, but no documented spinal cord or nerve root impingement, and there is no EMG documenting a neurologic change. Therefore, based on the record review and Official Disability Guidelines, there is no medical necessity for the requested Outpatient cervical epidural steroid injection C5-C6 LSO Surgical Center.

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)