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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Aug/30/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical Epidural Steroid Injection (62310, 72275, 77003, 01992)

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

MD, Board Certified Physical Medicine and Rehabilitation
Board Certified 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

Adverse Determination Letters, 07/19/11, 07/29/11
Official Disability Guidelines
Occupational injury report dated 12/26/07
MRI of cervical spine dated 02/20/08
Procedure note cervical epidural steroid injection # 1 dated 03/13/08
Operative report dated 09/11/08
Cervical myelogram and CT dated 07/31/09
Electrodiagnostic study dated 03/31/09
Operative report dated 11/19/09
Progress reports dated 08/17/10-07/12/11
Radiographic report 5 views of cervical spine 09/30/10
Electrodiagnostic study dated 04/08/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xxxx. On this date the patient slipped on a wet floor and fell onto his right side. He complains of right-sided neck pain, right shoulder pain, right wrist pain and right hip pain. MRI of the cervical spine dated 02/20/08 revealed broad 1 mm disc bulge at C4-5; broad 2 mm disc protrusion at C5-6 with a 1 mm retrolisthesis causing mild central canal stenosis and contributing to moderate bilateral neural foraminal narrowing; C6-7 broad 2 mm disc protrusion with borderline canal stenosis and mild left neural foraminal narrowing. The patient underwent cervical C7-T1 epidural steroid injection on 03/13/08. Operative report dated 09/11/08 indicates that the patient underwent physical therapy and chiropractic and did not improve. The patient also underwent CESI "which did not help". The patient underwent C5-6-7 ACDF on this date. Electrodiagnostic studies dated 03/31/09 reveal no conclusive electrodiagnostic evidence of acute right cervical radiculopathy. The patient subsequently underwent C5 to C7 fusion for pseudoarthrosis on 11/19/09. Follow up note dated 09/24/10 indicates that the patient has finished physical therapy and has done well with trigger point injections. Electrodiagnostic studies dated

04/08/11 revealed evidence consistent with right C5 radiculopathy and left C6 radiculopathy. Physical examination on 07/12/11 revealed cervical range of motion is extension <20, flexion 45, bilateral lateral flexion 10 degrees. Sensation is positive for tingling in the left C6 dermatome. Spurling's test is negative bilaterally. Deep tendon reflexes are 2+ throughout the bilateral upper extremities.

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

The patient's physical examination fails to establish the presence of active cervical radiculopathy as required by the Official Disability Guidelines. Physical examination notes that Spurling's maneuver is negative bilaterally and deep tendon reflexes are normal. There is no indication that the patient has undergone a recent course of physical therapy and the patient's compliance with an independent home exercise program is not documented. Given the clinical information provided for this review, and based upon the Official Disability Guidelines, the reviewer finds that Cervical Epidural Steroid Injection (62310, 72275, 77003, 01992) 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)