

# Prime 400 LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Mar/28/2012

**IRO CASE #:**

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

right C7-T1 selective nerve root block with fluoroscopy

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

M.D., Board Certified 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

Utilization review determination dated 02/03/12, 01/23/12

Follow up note dated 01/10/12, 10/27/10, 02/10/10, 08/12/10, 10/20/10, 08/26/10, 06/30/10, 05/20/10

Medical conference note dated 12/30/11

Chart note dated 01/11/11

Operative report dated 07/16/10

Procedure report dated 11/10/10, 07/30/10

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a male whose date of injury is xx/xx/xx. The patient has reportedly "done better with facet injections". The patient is noted to be status post anterior cervical fusion at C3-4, C4-5 and C7-T1 and has undergone epidural steroid injections. Note dated 05/20/10 states that the patient underwent C5-6 and C6-7 ACDF in 2000. The patient underwent lumbar facet blocks L4-5 and L5-S1 on 07/16/10 and cervical selective nerve root block at right C3-4 on 07/30/10. Note dated 08/26/10 indicates that the patient reported 25% reduction in pain for about two weeks. The patient underwent cervical selective nerve root block right C7-T1 on 11/10/10. Follow up note dated 01/10/12 indicates that the patient's pain is worse in the right side of his neck with radiation to his right shoulder. The last SNRB provided 50% reduction in neck and arm pain. On physical examination range of motion of the cervical spine reveals full flexion and limited extension. Sensory exam shows normal sensation to the upper extremities. Right grip strength is 4-5/5.

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

There is no comprehensive assessment of treatment completed to date or the patient's

response thereto submitted for review. The submitted physical examination fails to establish the presence of active radiculopathy, and there are no imaging studies/electrodiagnostic results provided to support the diagnosis. The patient underwent previous selective nerve root block on the right at C7-T1 on 11/10/10. The submitted records indicate that the patient reported 50% pain relief; however, duration of pain relief is not documented. The reviewer finds that there is not medical necessity for right C7-T1 selective nerve root block with fluoroscopy. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld.

**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)