

Clear Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/25/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

C3/4 ESI cervical

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

M.D., Board Certified Orthopedic spine surgeon, practicing neurosurgeon

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. The reviewer finds that medical necessity does not exist for C3/4 ESI cervical.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Office visit notes Dr. 06/09/08-06/04/12

MRI cervical spine 08/04/08

Operative report 09/02/08

Operative report dated 01/08/09

Operative report dated 03/30/10

Operative report dated 08/24/10

Range of motion exam dated 10/13/11

Peer review report dated 12/12/11

Peer review report dated 06/12/12

Utilization review determination dated 06/13/12

Written notification of reconsideration dated 06/29/12

Peer review report dated 07/03/12

Utilization review determination dated 07/03/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male whose date of injury is xx/xx/xx. The mechanism of injury is not described, but the claimant had lumbar surgery in 2003. He also is status post ACDF C4-5 and C5-6 in 2003. He reportedly did extremely well following low back surgery, but continued to have neck complaints following ACDF. MRI cervical spine on 08/04/08 revealed postoperative changes at C4-5 and C5-6 with solid appearing fusions at these levels. There is right dorsolateral C3-4 disc osteophyte, which narrows right lateral recess and impinges on

right C4 nerve root axilla. The central canal at C3-4 is mildly narrowed without compressing spinal cord. At C6-7 there is a broad based right paracentral osteophyte minimally narrowing right lateral recess and make central canal borderline stenotic at this level. The claimant is noted to have undergone multiple cervical epidural steroid injections at C4-5, C5-6, and C6-7 with no significant benefit. Records also indicate the claimant underwent spinal cord stimulator placement on 08/24/10. The patient was seen in follow-up on 06/04/12. Examination at that time revealed decreased range of motion in all directions. There was a positive Spurling's and Lhermitte's signs. There was normal strength in rhomboids, deltoids, biceps, triceps, wrist flexors and wrist extensors.

A preauthorization review on 06/12/12 determined the request for C3-4 ESI is not medically necessary. The reviewer noted there is no clear objective evidence of radiculopathy at this level by physical examination with findings consistent with MRI, and no EMG/NCV documenting presence of radiculopathy has been submitted in support of the request. A preauthorization review dated 07/03/12 again determined the request for C3-4 ESI as not medically necessary. It was noted the claimant had prior cervical fusion. MRI from 2008 showed right-sided stenosis. There was positive Spurling's sign but no other objective signs of radiculopathy or EMG/NCV consistent with C3-4 radiculopathy. There were multiple prior ESIs without documentation of significant pain relief. It was noted there is gap in documentation from 10/11 until 06/12 without documentation of other recent conservative treatment.

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

This man sustained an injury in xxxx. He had a two level ACDF at C4-5, C5-6 in 2003. He continued to complain of neck pain. He has undergone multiple epidural steroid injections at various levels after cervical fusion surgery with no documentation of significant pain relief or functional improvement in response to treatment. There is no documentation that this claimant has undergone any recent conservative treatment for his cervical spine. Given the current clinical data, the claimant does not meet ODG criteria for cervical epidural steroid injection. The reviewer finds that medical necessity does not exist for C3/4 ESI cervical.

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)