

SENT VIA EMAIL OR FAX ON
Jan/31/2012

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jan/26/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
CESI C4/5, C5/6, with IV sedation 62310 77003

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

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
Notification of determination 12/30/11
Reconsideration review 01/12/12
Office notes Dr. 07/27/11-12/23/11
MRI cervical spine 12/09/11
Physical therapy evaluation, daily progress notes 08/04/11-09/22/11
Radiology report x-ray thoracic spine 07/17/11
Reconsideration request 01/05/12

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who was injured secondary to fall at work on xx/xx/xx. She states she was walking and slipped and fell on wet floor landing on her buttocks. She presented with complaints of upper back pain, neck pain and low back pain. MRI of cervical spine

performed on 12/09/11 revealed C4-5 mild bulging of disc that contacts thecal sac, does not contact spinal cord. There are no abnormalities in neural foramina or lateral canals. Facets are normal. At C5-6 there is mild bulging of disc in midline that compresses the thecal sac and does not contact spinal cord. There are no abnormalities in neural foramina or lateral canals. Facets are normal. The claimant was treated conservatively with medications and physical therapy. Office note dated 12/23/11 indicated the claimant reported neck pain constant at level 7 without radiation into arms. She complains of daily headache related to neck pain. She denies numbness or weakness of arms. She complains of numbness across posterior neck and scapula. Reaching, lifting and increased activities aggravates pain. Heat helps slightly decrease pain. Current medications were listed as Celebrex and Norco. Social history is significant for smoking ½ pack a day for 15 years. On physical examination the claimant was noted to be 64.2 inches tall and 133.5 lbs. Station and gait are normal. Coordination is normal. There is no atrophy, spasticity or fasciculation. Motor strength was graded 5 in all muscle groups of upper and lower extremities. Deep tendon reflexes were normoactive. There are no long tract signs. Sensation is normal in upper and lower extremities. Cervical spine examination reported normal alignment. Range of motion was limited to flexion, extension, rotation and lateral tilting. It reproduces radiculopathic symptom that goes to left interscapular area. There is evidence of tenderness or spasm to palpation. The claimant was recommended to undergo cervical epidural steroid injection.

A utilization review performed on 12/30/11 determined request for cervical epidural steroid injection C4-5, C5-6 with IV sedation was non-certified as medically necessary. The reviewer noted per latest medical report dated 12/23/11 the claimant presented for follow-up regarding neck pain. Physical examination showed normal motor strength, normal active deep tendon reflexes, and normal sensory examination. Spurling's test was not documented. Objective findings did not suggest radiculopathy for which injection is warranted. MRI report showed mild bulging without contact with nerve root. Furthermore, the records do not provide objective documentation of failure of optimized pharmacotherapy. The claimant's smoking habit is considered negative factor to assess of contemplated procedure. Also per guidelines, the use of sedation introduces some potential diagnostic and safety issues making it necessary to use less than ideal. Hence medical necessity of cervical epidural steroid injection is not established at this point.

A reconsideration / appeal request for cervical epidural steroid injection C4-5, C5-6 with IV sedation was reviewed on 01/12/12, and the request was non-certified as medically necessary. It was noted the claimant complains of neck pain without radiation to upper extremities. It is associated with headaches and numbness across posterior neck and scapula. On examination motor, sensory, and reflexes were all normal. Range of motion was limited in flexion, extension, rotation and lateral tilting. There was tenderness or spasm noted. Medical records failed to document exhaustion of other recommended conservative treatments such as oral pharmacotherapy and physical therapy. There is no medication along with VAS scoring submitted for review. It was also noted it doesn't stated in recent report fluoroscopy would be used during procedure for guidance as recommendation of reference guideline. Also, the request for IV sedation is not generally necessary for epidural steroid injection.

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

Medical necessity is not established for proposed CESI C4-5, C5-6 with IV sedation based on clinical data submitted for review. The claimant is noted to have sustained injury secondary to fall. She was treated conservatively with medications, physical therapy, but continued to complain of neck pain. MRI of cervical spine revealed mild disc bulges at C4-5 and C5-6 without evidence of nerve root compression and no evidence of stenosis. On examination, the claimant's examination was unremarkable with no motor, sensory or reflex changes. Noting there is no documentation of clinical exam findings consistent with radiculopathy, and noting minimal findings on cervical epidural steroid injection, the request for CESI C4-5, C5-6 is not supported as medically necessary, and previous denials are upheld on IRO.

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)