

SENT VIA EMAIL OR FAX ON
Jan/1/2012

Independent Resolutions Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (817) 349-6420
Fax: (817) 549-0311
Email: rm@independentresolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/16/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

C5-7 Cervical Epidural Steroid Injection with Fluoroscopy

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

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

OD Guidelines

Cover sheet and working documents

Progress notes dated 12/10/10-11/22/11

MRI cervical spine dated 12/20/10

MRI lumbar spine dated 12/20/10

MRI cervical spine dated 01/13/11

Procedure note dated 03/04/11

EMG/NCV dated 09/20/11

Letter To Whom It May Concern from Dr. dated 12/05/11

Utilization review determination dated 12/05/11

Utilization review determination dated 12/14/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xx. On this date the patient leaned back in a chair and she fell landing on the ground. Initial assessment reports acute cervical strain,

acute dorsal strain, acute lumbosacral strain, cervical radiculopathy, lumbar radiculopathy and sacroiliac joint dysfunction. MRI of the cervical spine dated 12/20/10 revealed 2-3 mm left paracentral discal substance protrusions/herniations at C2-3, C4-5 and C5-6 that may contact or minimally indent the spinal cord; no evidence of canal stenosis measurable. At C3-4 there is left paracentral annular tear and 3-4 mm discal substance protrusion/herniation that mildly to moderately indents the thecal sac resulting in a mild degree of central canal stenosis. The patient underwent lumbar epidural steroid injection at L5-S1 on 03/04/11 with no improvement documented. EMG/NCV dated 09/20/11 revealed electrodiagnostic evidence of a right, chronic, axonal C6-7 radiculopathy without evidence of ongoing denervation. Physical examination on 11/22/11 notes 4/4 cervical paraspinal tenderness with 25% decreased range of motion, positive sensory deficits to the right upper extremity C6-7, 4/4 right trapezius tenderness and positive Spurling's.

Initial request for cervical epidural steroid injection was non-certified on 12/05/11 noting that the record clearly indicates that the primary complaint is neck pain. There is no clear recitation of symptoms that indicate a singular radicular pain syndrome. There is mention of decreased sensation in the right upper extremity, but this is not described in a radicular pattern. The imaging on 01/13/11 does not describe any neurocompression at the level to be addressed. The EMG/NCV on 09/20/11 is stated to show an extensive demyelinating polyneuropathy with mention of a C6-7 radiculopathy, but how this could be diagnosed with the other abnormalities cannot be understood. The denial was upheld on appeal dated 12/14/11 noting that MRI at C6-7 reveals no significant abnormalities. There are no objective findings on physical examination of C6 or C7 radiculopathy other than subjective findings of decreased sensation. The guidelines require objective evidence of radiculopathy on physical examination corroborated with nerve root compression on imaging studies.

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

Based on the clinical information provided, the request for C5-7 cervical epidural steroid injection with fluoroscopy is not recommended as medically necessary, and the two previous denials are upheld. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There are no physical therapy treatment records submitted for review. The patient's physical examination fails to establish the presence of active cervical radiculopathy as required by the Official Disability Guidelines, and the submitted MRI does not describe any neurocompression at the level to be addressed. Given the current clinical data, the requested cervical epidural steroid injection is not indicated as medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES