

I-Decisions Inc.

An Independent Review Organization
5501 A Balcones Drive #264
Austin, TX 78731
Phone: (512) 394-8504
Fax: (207) 470-1032
Email: manager@i-decisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/09/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lt C6 Selective Nerve root block

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

M.D., Board Certified Anesthesiology/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

Official Disability Guidelines

Utilization review determination dated 01/11/12, 01/23/12

Office visit note dated 01/06/12, 08/10/11, 10/31/11, 08/29/11, 07/19/11, 07/28/11, 08/04/11, 08/25/11, 09/15/11, 09/26/11

Procedure report dated 12/22/11

MRI left shoulder dated 09/23/11

MRI cervical spine dated 09/23/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. He was pulling tarp over a load of asphalt when the rope broke and his body twisted. Occupational medicine clinic visit dated xx/xx/xx indicates that the patient's primary problem is a strain located in the left side of the posterior neck. The patient continued to work full time regular duty. MRI of the cervical spine dated 09/23/11 revealed a small left paracentral disc extrusion at C5-6 with mild foraminal encroachment on the left. The patient underwent a course of physical therapy with no significant progress. The patient underwent a C7-T1 epidural steroid injection on 12/22/11. Follow up note dated 01/06/12 indicates that the patient reports the injection did not help. On physical examination foraminal compression test did not cause pain to radiate to the right arm with the head rotated to the right, but did cause pain to radiate to the left arm with the head rotated to the left.

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

The Official Disability Guidelines note that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Cervical

MRI dated 09/23/11 does not support a diagnosis of radiculopathy. There is no current, detailed physical examination submitted for review documenting radiculopathy. The patient underwent previous epidural steroid injection on 12/22/11, which did not help. The ODG criteria for nerve root block are not satisfied. The reviewer finds no medical necessity for Lt C6 Selective Nerve root block.

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)