

# US Decisions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Feb/02/2012

**IRO CASE #:**

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

cervical ESI with catheter 62318, 77003, 99144

**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**

ODG Neck and Upper Back Chapter

Utilization review determination dated 12/23/11, 01/13/12

Handwritten note dated 10/11/11, 11/29/11, 12/21/11, 01/11/12

MRI cervical spine dated 07/19/11

MRI left shoulder dated 07/19/11

Progress note dated 09/26/11

Office visit note dated 08/24/11, 11/08/11, 11/09/11

Reconsideration authorization request form dated 01/10/12

Letter of medical necessity undated

Initial evaluation dated 06/16/11

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a male whose date of injury is xx/xx/xx. He was attempting to pull an access ladder down when it fell down and hurt his left shoulder and upper low back. MRI of the cervical spine dated 07/19/11 revealed mild degenerative disc disease and a shallow broad disc protrusion at the C4-5 level with effacement of the intrathecal sac but no spinal canal stenosis; there is mild narrowing of the left neural foramina at this level as well. Note dated 08/24/11 indicates that the patient underwent a steroid injection to the left shoulder without improvement. The patient underwent a cervical epidural steroid injection on 12/06/11, which provided at least 50% pain reduction during the week after the injection with improvement in range of motion and better activity level. Follow up note dated 12/21/11 indicates that the patient is now back at baseline. A request for cervical epidural steroid injection with catheter was denied on 12/23/11 noting that the patient's response to the previous injection was only a week of benefit. The ODG states that repeat injections are warranted if previous injections give a positive response and that is not the case for this patient, as the short duration of action documented does not support repeating it. The request was denied a second time on

01/13/12 based on previous ESI with 50% relief lasting for 1 week. Per ODG guidelines, repeat injections should be based on continued objective documented pain and function response with at least 50% pain relief lasting at least 6-8 weeks.

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

This patient underwent previous cervical epidural steroid injection on 12/06/11, which provided at least 50% pain relief for only one week. The Official Disability Guidelines support repeat epidural steroid injection with evidence of at least 50% pain relief for at least 6-8 weeks. Given the patient's response to the previous injection, the reviewer finds the requested cervical ESI with catheter 62318, 77003, 99144 is not medically necessary.

**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)