

SENT VIA EMAIL OR FAX ON  
Dec/22/2011

## **P-IRO Inc.**

An Independent Review Organization  
1301 E. Debbie Ln. Ste. 102 #203  
Mansfield, TX 76063  
Phone: (817) 405-0878  
Fax: (214) 276-1787  
Email: resolutions.manager@p-iro.com

### **NOTICE OF INDEPENDENT REVIEW DECISION**

**DATE OF REVIEW:**

Dec/22/2011

**IRO CASE #:**

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

Outpatient Bilateral C4/5 and C5/6 transforaminal ESI with fluoroscopy 64479X2, 64480X2, 77003, 99144

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

Board Certified 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

Request for IRO dated 12/13/11

Utilization review determination dated 11/18/11

Utilization review determination dated 12/08/11

Clinic note Dr. dated 10/03/11

Clinic note Dr. dated 10/25/11 and 11/21/11

MRI cervical spine dated 09/15/11

Physical therapy treatment records

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who is reported to have sustained work related injuries to his back and neck on xx/xx/xx. On this date the load on his truck shifted. When he arrived at his destination he attempted to re-shift the load and subsequently fell approximately 60 feet to the ground landing on his back. The claimant had initial course of physical therapy to cervical

and lumbar spine and did not indicate significant improvement in his pain. He was referred for MRI of cervical spine on 09/15/11. This study notes a slight loss of cervical lordosis from C4-6 with some disc space narrowing at C5 and C6. There are bulging disc without significant stenosis at C3-4, C4-5, C5-6 and C6-7. At C4-5 there is mild central stenosis. At C5-6 there is mild stenosis with mild right foraminal stenosis. On 10/03/11 the claimant was seen by Dr.. The claimant is noted to have not undergone any epidural steroid injections. Medications include Ibuprofen on an occasional basis. On physical examination he is 5'9" tall and weighs 256 lbs. He has pain with light touch of skin from cervico-occipitals of lumbosacral spine. He cannot stand even light palpation or percussion of skin secondary to pain and discomfort. He stands in forward stooped posture. Range of motion of the cervical spine is significantly impaired. He is reported to have generalized weakness 4/5 motor strength in deltoids, biceps, triceps, wrist flexors, extensors, finger flexors and extensors bilaterally. Sensation is intact; however, the claimant reported it is significantly decreased. Deep tendon reflexes are 1/4 bilaterally, equal patella and Achilles jerk. Radiographs were reviewed. He subsequently was recommended to undergo cervical epidural steroid injection secondary to bulging of the intervertebral disc at C4-5 and C5-6. The claimant was subsequently referred to Dr.. On physical examination the claimant was again noted to have limited cervical range of motion, exquisite tenderness. Axial compression is reported to reproduce pain at C4-5 and C5-6 dermatomal distributions. Motor strength is within normal limits. Deep tendon reflexes are active and symmetrical. The claimant was subsequently recommended to undergo epidural steroid injections.

The initial review was performed on 11/18/11 by Dr.. Dr. non-certified the request. He reported the claimant has back pain with radiation down bilateral upper extremities. On examination range of motion is limited secondary to pain and there is exquisite tenderness to palpation of paravertebral cervical musculature as well as tenderness in suprascapular areas. Axial compression is reported to produce pain in C4-5 C5-6 distributions. He notes short and long term goals have not been identified.

A subsequent appeal request was reviewed on 12/08/11 by Dr.. Dr. non-certified the request noting there is no clear documentation of recent comprehensive clinical evaluation that addresses the proposed epidural steroid injection. There is no documentation provided with regard to failure of the patient to respond to conservative treatment such as evidence based exercise program prior to procedure.

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

The request for cervical epidural steroid injection bilaterally at C4-5 and C5-6 with fluoroscopy is not supported as medically necessary, and previous utilization review determinations are upheld. The available clinical records indicate the claimant sustained a slip and fall on date of injury and subsequently is reported to have cervical pain with radiation into bilateral upper extremities. The submitted MRI does not show any evidence of neurocompressive pathology that would account for claimant's subjective complaints. Additionally, it is noted the claimant has diffuse tenderness to light touch which clearly is out of proportion to pathology identified on imaging study. The submitted physical examination does not provide definitive information to clearly establish presence of cervical radiculopathy. Sensation is normal despite the claimant's subjective complaints. Reflexes are intact. There is no corroborative evidence of motor strength loss. In absence of clearly objective and verifiable radiculopathy, the requested injections are not supported as medically necessary. This is clearly a case where additional diagnostic studies such as EMG/NCV would be warranted as guidelines recommend.

#### **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