

# Clear Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Dec/19/2011

**IRO CASE #**

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

Epidural steroid injection to C4-C5

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

M.D., Board Certified Anesthesiology and 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 determinations, 10/10/11, 11/23/11

Letter 11/30/11

Peer review report, 11/18/11

Handwritten notes, 09/21/10, 10/19/10, 11/12/10, 11/23/10, 01/13/11, 02/09/11, 02/23/11, 03/23/11, 04/20/11, 05/18/11, 06/15/11, 08/24/11, 10/05/11

Cervical myelogram with CT scan, 12/13/10

Radiographic report, 08/30/11

Reconsideration, 10/25/11

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a female whose date of injury is xx/xx/xx. She underwent cervical epidural steroid injection on 11/04/10. Approximately one week later the patient reports pain decreased "one notch" with "no lasting effect". Cervical myelogram and CT scan dated 12/13/10 revealed a shallow central disc protrusion at several levels with a mild chronic cord deformity at C5-6; no active cord compression is seen; no nerve root compression is identified at any level. Note dated 02/23/11 states that the patient underwent cervical epidural steroid injection on 02/15/11 and reported 50% relief. Epidural steroid injection to C4-5 was requested and then denied on 10/10/11. A left C4-5 epidural steroid injection between June of 2011 and August of 2011 is noted. There was documentation of greater than 60% pain improvement; however, duration was not well documented. The denial was upheld in a letter dated 11/23/11 noting that there is no current, detailed physical examination submitted for review to establish the presence of active cervical radiculopathy. The submitted CT myelogram of the cervical spine dated 12/13/10 does not support the diagnosis according to the second denial letter.

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

There is no detailed physical examination provided to document findings of radiculopathy, and the submitted CT myelogram of the cervical spine reports that there is no nerve root compression identified at any level. The patient underwent a cervical epidural steroid injection on 11/12/10 and reported "no lasting effect". Another epidural steroid injection was performed in February 2011 and the patient reported 50% pain relief; however, duration of relief is not documented. The Official Disability Guidelines support repeat epidural steroid injection only with evidence of at least 50-70% pain relief for at least 6-8 weeks. The reviewer finds no medical necessity for Epidural steroid injection to C4-C5.

**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)