

I-Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jan/23/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient cervical epidural steroid injection C6-7 with IV sedation

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

M.D., Board Certified Orthopedic Surgery

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 and Treatment Guidelines

Adverse Determination Letters, 12/09/11, 12/22/11

Orthopedic reports, 11/29/11, 11/21/11, 11/10/11, 09/29/11, 07/29/11, 06/28/11, 04/11/11, 02/28/11, 02/10/11, 01/31/11, 01/20/11, 12/06/10, 11/08/10, 12/13/11

EMG/NCV, 07/08/11

Cervical MRI, 04/20/11

Radiographic report, 10/25/10

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female. She was injured on xx/xx/xx, when she was in the process of sitting down on a chair with rollers on it and fell, injuring her back, left knee and right foot. Per orthopedic report dated 11/08/10, impression is medial and lateral meniscal tears, left knee; bulge of L5-S1; right foot strain and aggravation of left knee arthritis. She had a course of physical therapy. Orthopedic note dated 01/31/11 indicates that the patient will be released back to work without restrictions. Orthopedic report dated 04/11/11 indicates that the patient underwent a designated doctor evaluation, but this report is not available for review. MRI of the cervical spine dated 04/20/11 revealed a disc protrusion at C6-7 measuring 1-2 mm with no apparent central or neural foraminal stenosis. EMG/NCV dated 07/08/11 revealed subtle electrophysiological evidence of chronic lumbar radiculopathy involving the S1 nerve roots bilaterally. Orthopedic report dated 09/29/11 indicates that the patient underwent left knee arthroscopy on 06/22/11. Note dated 11/10/11 states that the patient underwent lumbar epidural steroid injection on 10/28/11 and reported approximately 75% pain relief. Physical examination on 11/29/11 notes tenderness to palpation with decreased range of motion of the cervical spine in all directions and positive axial compression test. The patient had a positive Spurling sign reproducing symptoms in her left shoulder. Her motor strength is weaker on the left as compared to the right. Her sensation was intact.

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

There is no indication that this patient has undergone any recent active treatment to the cervical spine. The patient's physical examination fails to establish the presence of active cervical radiculopathy, and the submitted MRI does not support the diagnosis as required by the Official Disability Guidelines. The reviewer finds that Outpatient cervical epidural steroid injection C6-7 with IV sedation is not medically necessary. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld.

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)