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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jun/19/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 1 cervical epidural steroid injection

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

Notice of adverse determination 03/28/12

Pre-authorization request 03/27/12

Orthopedic consult and follow-up orthopedic reports Dr. 02/14/11-04/02/12

Manual muscle strength exam lumbar 03/15/11-04/02/12

MRI cervical spine 10/24/11

MRI lumbar spine 10/24/11

MRI left knee 10/24/11

Literature regarding epidural steroid injections no date

Notice of determination 03/01/12

Chiropractic SOAP notes 02/21/11-04/10/12

BHI2 report 03/27/12

Operative report lumbar epidural steroid injection 01/04/12

Literature regarding pre-psych pre-surgical psychological evaluation no date

Designated doctor evaluations Dr. 01/23/12 and 07/29/11

Occupational Medicine Clinic hand written progress notes 02/08/11-02/10/11

Emergency department records Hospital 02/07/11

Carrier's analysis for designated doctor evaluation 07/20/11

Operative report right sacroiliac joint injection 03/21/12

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who reportedly was injured on xx/xx/xx when she was climbing up a scaffold and it collapsed. She fell approximately eight to ten feet to the ground. She reports injuries to the lumbar spine, cervical spine, bilateral knees, bilateral lower extremities and right hip. MRI of the cervical spine on 10/24/11 reported diffuse annular disc bulges of 2mm

at C3-4 and C4-5, with 1mm diffuse annular disc bulges at C2-3 and C5-6. There was no central/lateral recess stenosis, cord compression, edema or neural foraminal narrowing. MRI of the lumbar spine of the same date revealed a 1mm diffuse annular disc bulge at the L4-5 level with mild bilateral facet joint hypertrophy and mild disc space desiccation; otherwise MRI of the lumbar spine was within normal limits, with no fractures or spondylolisthesis. The claimant was seen on 12/05/11 for follow-up on her neck, back, bilateral knees and right hip injuries. The claimant was noted to present with neck pain rated 8/10 with constant pain in the neck area, discomfort from side to side movement, soreness and stiffness. She has pain that radiates to the bilateral shoulders. She has low back pain that she rates 9/10 with constant pain in the back area, discomfort from side to side movement, soreness and stiffness. She has occasional pain radiating into the lower extremities. She has left knee pain she rates as 7/10 with constant pain, discomfort with various movements, soreness and stiffness.

She also complains of a popping and clicking sensation. Examination of the cervical spine reported tenderness to palpation with decreased range of motion with flexion and extension and positive axial compression test. She has positive Spurling's sign reproducing symptoms in the bilateral shoulders. Motor strength remained weaker on the left as compared to the right. She continued to have paresthesias in both hands. Reflexes were 2+ and symmetric. Examination of the lumbar spine noted severe tenderness upon palpation with decreased range of motion with flexion extension. Straight leg raises were highly positive on the left, mildly positive on the right. Motor strength remained weakened in the left lower extremity. She continued to experience paresthesias along the lateral aspect of both lower extremities and into the left foot.

A pre-authorization request for cervical epidural steroid injection was denied on 03/28/12. The reviewer noted the claimant was certified for comprehensive psychological evaluation but results were not provided. Continued injections without supporting MRI indicating any potential foraminal encroachment as well as MRI reports themselves were not within clinical guidelines. It was noted that before consideration of further more invasive (injections) results of previous injections to the lumbar spine and sacroiliac joint are necessary as well as a psychological report. The reviewer noted the presence of bulging discs without encroachment on the neural foramina in 23 year-old is not meaningful and she is not a good candidate for continued injections or surgery.

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

This claimant sustained multiple injuries secondary to a fall from scaffolding. She complained of neck, back, bilateral knee and right hip injuries. She was treated conservatively with medications and physical therapy with very little relief. She had lumbar epidural steroid injection as well as right sacroiliac joint injection. Psychological evaluation was performed on 03/27/12. Dr. saw the claimant in follow-up on 03/27/12 and noted that the psychosocial screen did not indicate any red flags that would reflect psychosocial barriers to her recovery. He noted on examination that the claimant had positive axial compression test as well as positive Spurling's sign, which reproduced symptoms in the bilateral shoulders. Motor strength was weaker in the left upper extremity compared to the right, and there were continued paresthesias in both hands. Although MRI of the cervical spine did not reveal severe pathology, the claimant does have evidence of cervical radiculopathy on clinical examination. However, the physical examination did not identify a specific myotomal or dermatomal pattern of motor or sensory changes. Also, in accordance with the guidelines, the request did not specify the level or levels to be injected. The reviewer finds no medical necessity for 1 cervical epidural steroid injection.

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)