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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/28/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical ESI C5-C6 and C6-C7 with catheter and saline, myelogram, epidurography

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

Official Disability Guidelines and Treatment Guidelines

Utilization review determination dated 02/07/12

Utilization review determination dated 02/09/12

Clinical records Dr. dated 02/01/12

Procedure report bilateral facet injections C4-5, C5-6 dated 1/17/12

MRI cervical spine dated 01/20/12

Letter of appeal dated 02/07/12

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained work related injuries on xx/xx/xx. The claimant is reported to have diagnosis of cervical sprain. On 01/17/12 the claimant underwent bilateral facet injections at C4-5 and C5-6. On 01/20/12 the claimant was referred for MRI of cervical spine. It is reported the claimant has bilateral shoulder pain, neck pain and right arm numbness. On imaging there are no abnormalities at C2-3 or C3-4. At C4-5 there is mild facet degenerative joint disease, which is also seen throughout the cervical spine. At C5-6 there is broad diffuse disc bulge diffusely and spurring of posterior vertebral body. This causes indentation on anterior thecal sac and extends near but does not severely depress cervical spinal cord. This results in bilateral foraminal encroachment. At C6-7 there is broad based diffuse disc bulge and uncinat joint spurring causing bilateral foraminal encroachment greater on right than left. It indents the thecal sac but does not cause canal stenosis. On 02/01/12 the claimant was seen by Dr.. He is noted to be status post cervical facet injections with significant pain relief isolated over cervical spine, but now pain is returning and new onset of upper extremity radiculopathy with numbness has become significantly more severe. It is reported that previously facet injections were able to control localized neck pain, but upper extremity radiculopathy has gotten worse. He is doing physical therapy at home and has exhausted more conservative modalities. On physical

examination he has tenderness to palpation of cervical spine over paraspinous regions. It is reported there is radicular pain in upper extremities right greater than left. Deep tendon reflexes in upper extremities are hyperreflexic. There is pain with extension, lateral motion of neck, and is worsened with stress and involves upper extremity radiculopathy. The remainder of exam is unremarkable. The claimant is subsequently recommended to undergo cervical epidural steroid injections at C5-6 and C6-7.

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

In December 2011 this patient had no evidence of radiculopathy on physical examination, and requests were made for and approved to perform bilateral facet injections at C4-5 and C5-6.

The subsequent follow-up report provides confusing rationale reporting that the claimant had significant pain relief over cervical spine and reported pain is returning and now has new onset of upper extremity radiculopathy and numbness. However, there are no substantive findings on physical examination. There is no detailed examination presented to correlate with claimant's imaging studies. It would further be noted the performance of facet injections is relatively contraindicated in presence of radiculopathy. In this reviewer's opinion, medical necessity has not been established for the requested Cervical ESI C5-C6 and C6-C7 with catheter and saline, myelogram, epidurography.

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)