Notice of Independent Review Decision

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 03/02/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Transforaminal Cervical Epidural Steroid Injections with Epidurography, Bilateral C4-C5 and C5-C6 (64479, 64480, 70003, 72275)

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

Board Certified in Neurological 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Transforaminal Cervical Epidural Steroid Injections with Epidurography, Bilateral C4-C5 and C5-C6 (64479, 64480, 70003, 72275) – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Operative Report, 07/21/06

- Cervical Spine MRI, 09/28/06, 01/18/11
- Follow Up, 12/10/10, 01/05/11, 01/18/11
- Denial Letter, 01/13/12, 01/23/12
- Physician Surgery Orders, Undated
- The ODG Guidelines were not provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

This is a case of a patient, who in xxxx, had a C3-C4 and C5-C6 anterior cervical discectomy and fusions performed by at.

Post-operatively, he did not do very well and had persistent pain and, in fact, in September of 2006, he had an MRI scan which was read by and was not reported to show anything except the successful anterior cervical discectomy and fusions.

There were no notes of any significance until early in 2011 and then in 2012 requesting an epidural steroid injection.

The claimant has a little bit of weakness of the upper extremity and did not have any significant radicular component.

Another repeat MRI does not show any herniated discs, etcetera.

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

Based on the physical findings, radiographic findings, and complaints, this patient does not meet the ODG criteria necessary for percutaneous epidural steroid injections and, therefore, does not meet the criteria necessary for that procedure.

The procedure, including transforaminal epidural steroid injection and epidurography bilaterally at C4-C5 and C5-C6 does not meet the ODG criteria and, therefore, in my opinion, should not be certified.

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**