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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/20/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Third C7-T1 cervical interlaminar epidural steroid injection and X-ray

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

M.D., Board Certified Anesthesiology/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
Request for IRO 02/29/12
Utilization review determination 02/01/12
Utilization review determination 02/07/12
EMG/NCV study 07/15/10
Pre-authorization report 09/23/11
Procedure report 10/03/11
Clinical note 04/25/11-02/01/12
Physical therapy treatment records various dates
Designated doctor evaluation 11/21/11
Procedure report 06/30/11
Letter 10/22/11
Clinical records Brenda Stewart 11/01/10
Designated doctor evaluation 11/18/10
Maximum medical improvement impairment rating evaluation 11/23/10
DWC form 69s no date
Functional capacity evaluation 01/25/12

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who was employed on xx/xx/xx. He was lifting and twisting, sustaining or developing pain in his left arm and shoulder. Records indicate that the claimant was initially evaluated on 07/30/10 in a walk in clinic with complaints of left sided body numbness over the left shoulder, left upper arm, left forearm, wrist, hand and fingers. He is reported to have initially received conservative management. He was referred for imaging studies. MRI of the shoulder was reported to be normal. He is recommended to undergo MRI of the neck. The claimant later came under the care of On physical examination dated 04/25/11 the claimant is reported to have reduced cervical range of motion, positive Spurling's test with paresthesias in the left arm with rotation to the left side. Strength remains grossly intact with the exception of left elbow flexion which slightly decreased when compared to the right. His

sensation is subjectively decreased in the C6 versus C7 distribution on the left hand side. MRI of the cervical spine appears to show some foraminal narrowing the C5-6 level. He was recommended to undergo cervical epidural steroid injection. Records indicate that the claimant underwent a C7-T1 cervical epidural steroid injection on 06/30/11. Post-procedurally he is reported to have had 50% improvement. He was referred for physical therapy. The record contains a pre-authorization review dated 09/23/11, which indicates that the claimant was approved for a repeat cervical epidural steroid injection which was performed on 10/03/11.

When seen in follow-up on 10/19/11 he was reported to have noticed improvement in the symptoms and that his range of motion was improved and he is having less pain in left scapula but continues to have numbness and tingling in the arm hand and with some weakness. He has attended 14 visits of physical therapy. His current medications include Celebrex 200mg a day and gabapentin. He was recommended to undergo EMG/NCV study, which was performed on 11/09/11. He is noted to have no evidence of radiculopathy noted on needle EMG. When seen in follow-up on 11/14/11 the claimant reports continued symptoms. Cervical range of motion is noted to be within normal limits. Spurling's maneuver is negative. Strength in the upper extremities is 5/5 throughout with the exception of a slight decrease of left elbow extension. Sensation is decreased over the end of the left ring finger. Reflexes are 2/4 for the bilateral biceps and brachial radialis 2/4 for the right triceps 1/4 for the left. He was recommended to undergo additional physical therapy. The claimant was seen by designated doctor on 11/21/11 he was found to not be at maximum medical improvement.

The claimant was seen in follow-up by on 12/05/11. He is reported to have completed 10 sessions of physical therapy and continues to have left scapular pain. He remains on Celebrex and gabapentin. His physical examination remains unchanged. The record includes a functional capacity evaluation 01/25/12. He provided reliable effort and noted to have limitations, which prevent his return to work. He was recommended to undergo a repeat cervical epidural steroid injection.

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

The claimant is a 35 year-old male who sustained an injury to the left upper extremity. He has undergone diagnostic studies and found no evidence of left shoulder injury. He subsequently was opined to have a cervical radiculopathy. Records indicate that the claimant has undergone two prior C7-T1 cervical epidural steroid injections the first injection is reported to have provided 50% relief in his intrascapular or left scapular or left shoulder pain with some improvement in the numbness and tingling in the left hand.

No imaging studies were submitted for review however the claimant is reported to have pathology at the C5-6 level with some degenerative changes at C7-T1. The claimant underwent a second cervical epidural steroid injection and the serial clinical records suggest that the claimant had some benefit however it is not adequately quantified until a much later clinical note when it is reported he had 50% relief from this injection. The claimant was then referred for EMG/NCV study, which finds no clinical evidence of a cervical radiculopathy. There is a lack of correlation between the claimant's imaging studies electrodiagnostic studies and subjective reports. This claimant would not meet criteria per the Official Disability Guidelines as there is no correlation between imaging electrodiagnostic studies and physical examination findings. Therefore the reviewer finds there is no medical necessity for Third C7-T1 cervical interlaminar epidural steroid injection and X-ray at this time.

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)