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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: May/21/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

outpatient cervical ESI number two under fluoroscopy with IV sedation

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

M.D., Board Certified Anesthesiology

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

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is XX/XX/XX. He was injured when he lifted his head and struck it on a crossbar with onset of neck pain with radiation mainly into the right shoulder and right upper extremity. MRI of the cervical spine dated xxxxx revealed minimal posterior disc bulge at L5-S1 with tiny posterior central annular tear; mild facet arthropathy; minimal bilateral neural foraminal narrowing without spinal canal stenosis; at L4-5 there is minimal circumferential disc bulge. The patient underwent cervical epidural steroid injection C5-6 on 03/20/12. Note dated 03/26/12 indicates that the patient noted at least 48 hours of complete pain relief and is now at least 70% improved. Note dated 04/05/12 indicates that the patient is more than 70% improved. Note dated 04/16/12 indicates that the patient's continued heavy laborious job as a run loader is preventing him from recovering. He is continuing to have neck pain down into his left arm and hand. Note dated 04/24/12 indicates that there is some mild decreased pinprick in the C5-6 distribution. Neurologically, otherwise he was intact. His reflexes were symmetric bilaterally.

The request for outpatient cervical epidural steroid injection #2 was non-certified on 04/02/12. A recent comprehensive neuromuscular examination was not provided to document the patient's current functional status. There was no demonstration of at least 50% pain relief for 6-8 weeks with the patient's initial injection to justify a subsequent injection. There was no objective documentation of the patient's response to initial conservative treatment with oral pain medication, physical therapy and home exercises. The patient was not noted to have severe anxiety to warrant the use of IV sedation for this procedure. The denial was upheld on 04/30/12 noting that a comprehensive physical examination was not provided in the most recent medical report dated 04/05/12. Additional injections are only warranted if the response is documented with at least 50% pain relief for at least 6-8 weeks. The date of the first injection was 03/20/12, which is only four weeks ago. Sustained pain relief could not be concluded at this point. There was no documented decreased need for pain medications and improved function in terms of ADLs associated with the previous injection. The levels to be injected with this request were also not clearly stated.

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

The submitted physical examination fails to establish the presence of active cervical radiculopathy as required by the Official Disability Guidelines. Physical examination on 04/24/12 notes the patient is neurologically intact other than some mild decreased pinprick in the C5-6 distribution. The patient's reflexes are symmetric bilaterally. The submitted records fail to document increased functional ability and decreased medication usage secondary to previous epidural steroid injection performed on 03/20/12. There is no documentation of extreme anxiety to support IV sedation. The reviewer finds there is not medical necessity for outpatient cervical ESI number two under fluoroscopy with IV sedation.

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)