

SENT VIA EMAIL OR FAX ON
May/01/2012

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/01/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

ESI at C4/5

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

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

OD Guidelines

Cover sheet and working documents

Utilization review determination dated 04/16/12, 04/04/12

Orders for epidural steroid injection dated 03/28/12

EMG/NCV dated 04/10/12

Follow up note dated 04/04/12, 03/28/12, 02/22/12, 01/25/12, 12/28/11, 11/28/11, 10/26/11, 09/28/11, 08/31/11, 08/11/11

Radiographic report dated 08/11/11

Peer review dated 03/15/12

Handwritten physical therapy re-evaluation dated 09/29/11

MRI cervical spine dated 08/19/11

Operative report dated 02/14/12, 12/20/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient's foot was

hung on water truck steps which caused him to fall. MRI of the cervical spine dated 08/19/11 revealed a broad based central and right-sided disc protrusion with spurring at C4-5 causing mild indentation of the thecal sac ventrally and towards the right. Degenerative spurring is seen extending into the neural foramina bilaterally, more prominently on the right. Moderate right foraminal compromise and mild to moderate left foraminal compromise is seen at C4-5 due to region and a few spurring. The patient underwent a course of physical therapy. The patient underwent cervical epidural steroid injection at C4-5 on 12/20/11. Follow up note dated 01/25/12 reports 50% pain relief. The patient underwent cervical epidural steroid injection at C4-5 on 02/14/12. Peer review dated 03/15/12 indicates that the compensable injury is cervical strain and left knee contusion. The patient has returned to work without restrictions at full duty. Follow up note dated 03/28/12 indicates that the epidural steroid injections have helped significantly. Follow up note dated 04/04/12 states that each injection helps to some degree, but less than 50% and lasts about 3 weeks each time. On physical examination he has full range of motion of the neck. Motor strength is intact in the bilateral upper extremities. Sensation is intact. He has a positive Spurling on the left. EMG/NCV dated 04/10/12 notes electrodiagnostic evidence of a subacute left C6 radiculopathy.

Initial request for epidural steroid injection at C4-5 was non-certified on 04/04/12 noting that the submitted records fail to document at least 50-70% pain relief for at least 6-8 weeks after the second injection as required by ODG prior to the performance of a repeat epidural steroid injection. There are no imaging studies/electrodiagnostic results to support a diagnosis of radiculopathy as required by ODG. The denial was upheld on appeal dated 04/16/12 noting that ODG supports repeat CESI with evidence of at least 50% pain relief for at least 6-8 weeks. The submitted records indicate that the patient reports pain relief of less than 50% for approximately 3 weeks.

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

Based on the clinical information provided, the request for epidural steroid injection at C4-5 is not recommended as medically necessary, and the two previous denials are upheld. The patient's physical examination does not establish the presence of active cervical radiculopathy as required by the Official Disability Guidelines. The patient underwent cervical epidural steroid injection at C4-5 on 12/20/11 and 02/14/12. Follow up note dated 04/04/12 states that each injection helps to some degree, but less than 50% and lasts about 3 weeks each time. The Official Disability Guidelines support repeat epidural steroid injection with evidence of at least 50% pain relief for at least 6-8 weeks. Peer review dated 03/15/12 indicates that the compensable injury is cervical strain and left knee contusion.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES