

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Sep/27/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical ESI Injection C4/5 and C5/6 62310 X 2 77003

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

Orthopedic spine surgeon, practicing neurosurgeon

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)

overturn: single epidural steroid injection at the C5-6 level

upheld: CESI at the C4-5 level

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Request for IRO 09/17/12

Utilization review determination 08/23/12

Utilization review determination 09/07/12

Physical therapy treatment records

Clinical records

Radiographic report cervical spine

Radiographic report thoracic spine

MRI cervical spine

EMG/NCV study

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who's reported to have sustained injuries as a result of a slip and fall on a wet floor. On this date it's reported she was walking when she slipped and fell landing on her buttocks. She initially felt upper back pain. She was seen in the emergency room for evaluation where x-rays were taken of the upper back she was provided oral medications. She subsequently had complaints of neck pain with radiation into the left greater than right scapula and reports no radiation into the upper extremities. The claimant reports intermittent low back pain without radiation into the legs.

The claimant came under the care of Dr.. It is noted that she is intolerant of Lortab 10 /500 mg. On physical examination the claimant is 64 inches tall weighs 135 pounds. The left triceps was graded as 4/5, deep tendon reflexes are normoactive and sensory is intact in both the upper and lower extremities. The claimant was opined to have a cervical radiculopathy and provide prescriptions for oral medications. Radiographs of the cervical spine show slight spondylosis at C6-7. Radiographs of the lumbar spine note an S1 transitional vertebra with minimal narrowing of the L5-S1 interspace.

The claimant was referred for MRI of the cervical spine on 12/11/11. This study notes a mild bulging of the disc at C4-5 which contacts the thecal sac but does not contact the spinal cord, there are no abnormalities at the neural foramina or lateral canals and the facets are normal. At C5-6 there is mild bulging of the disc in the midline which compresses the thecal sac but does not contact the spinal cord, there are no abnormalities in the neural foramina or lateral canals and the facets are normal. Records indicate that there were prior requests for cervical epidural steroid injections and EMG which were non-certified under utilization review.

On 08/14/12 the claimant was seen by Dr. for nerve conduction studies. EMG was performed as well. Based on the results it was opined that there was diagnostic evidence of a mild left C6 radiculopathy. The claimant was subsequently been recommended to undergo cervical epidural steroid injections at C4-5 and C5-6 times two.

The initial request was reviewed on 08/23/12 by Dr. Dr. non-certified the request. He notes that electrodiagnostic studies revealed a mild left C6 radiculopathy. Physical examination noted a normal sensory examination. The case was discussed with Dr. who indicated the exam findings were compatible with EMG. Dr. opines that the EMG findings are non-consistent with AANEM criteria for cervical radiculopathy. He notes that per the Official Disability Guidelines radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. He further notes that the patient must be unresponsive to conservative treatment to include exercise, physical methods epidural steroid injections and muscle relaxants before an epidural steroid injection is initiated. He notes that the submitted clinical information indicates the patient attended physical therapy in the past. However, it is unclear if the patient's participating in a home exercise program. He opines that without further documentation to note the patient's recent conservative treatment to date the medical necessity of the request cannot be established.

On 09/07/12 the appeal request was reviewed by Dr. Dr. non-certified the request. He reports that patient's physical examination fails to establish the presence of an active cervical radiculopathy with reported intact motor strength and sensation in the bilateral upper extremities. He notes that current evidence based guidelines require that radiculopathy be documented by physical examination and corroborated by imaging studies as such he non-certified the request.

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

The request for cervical epidural steroid injection at C4-5 and C5-6 62310 times two 77003 is partially overturned. Based upon the submitted clinical records the claimant has a history of cervical injury with a very mild radiculopathy. The claimant has undergone extensive conservative management with continued pain. Imaging studies note the presence of mild disc bulges C4-5 and C5-6. EMG/NCV study has indicated the presence of a chronic C6 radiculopathy. Based upon this information a single epidural steroid injection at the C5-6

level is recommended as medically necessary. There is no clinical indication for the request for two injections as the efficacy of the initial injection has not been established. The claimant's physical examination does not provide any objective data to establish medical necessity for the performance of a CESI at the C4-5 level

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)