

# I-Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Apr/03/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** 2nd cervical ESI fluoroscopy w/IV sedation @ C5-C6

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** M. D. Board Certified Anesthesiology and 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)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.** It is the opinion of this reviewer that the request for a 2nd cervical ESI fluoroscopy w/IV sedation @ C5-C6 is not recommended as medically necessary

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines  
Clinical notes 03/08/12-03/06/13  
MRI cervical spine 03/19/12  
Electro-diagnostic studies 06/18/12  
Functional capacity evaluation 08/09/12  
MRI cervical spine 09/19/12  
Operative report 01/15/13  
Previous utilization reviews 01/31/13 and 03/07/13

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male who reported an injury to his cervical spine. Clinical note dated 03/18/12 detailed the patient stating that the initial injury occurred when he was involved in a motor vehicle accident. The patient stated that he struck his head on the door resulting in acute onset of headaches, neck pain, right upper extremity numbness, weakness, and lower extremity pain. MRI of the cervical spine dated 03/19/12 revealed a disc 3mm central disc protrusion at C5-6 compressing the cord surface and narrowing the canal. Clinical note dated 06/12/12 detailed the patient continuing with cervical spine pain. The patient was utilizing Norco and Neurontin for ongoing pain relief. Electro-diagnostic studies dated 06/18/12 revealed an active and chronic right sided C6 radiculopathy. Clinical note dated 07/12/12 detailed the patient continuing with cervical spine pain. The patient was compliant with his medication regimen. Additionally, the patient was recommended for physical therapy. Clinical note dated 09/12/12 detailed the patient continuing with tenderness in the cervical spine. Decreased sensation was noted at the C6 distribution. MRI of the cervical spine dated 09/19/12 detailed the patient continuing with a 3mm central disc protrusion at C5-6 with cord compression. The clinical note dated 12/10/12 details the patient continuing with decreased sensation on the right in the C5 and C6

distributions. The operative report dated 01/15/13 details the patient undergoing introduction of a cervical epidural catheter under fluoroscopy. The clinical note dated 01/29/12 details the patient continuing with decreased sensation in the C5-6 distribution. The patient was noted to have continued cervical region pain as well as pain radiating to the shoulder and arms. The patient did note an improvement in function as well as decreased pain and a reduction of medication following the previous injection. The clinical note dated 02/08/13 details the patient continuing with complaints of mild pain in the cervical region.

The clinical note dated 02/15/13 details the patient continuing with persistent cervical region pain that was rated as 8/10. The clinical note dated 03/06/13 details the patient continuing with narcotic analgesics as well as Gabapentin for pain relief. The patient was noted to show improvement with range of motion. Decreased sensation was noted in a C6 distribution.

The previous utilization review dated 01/31/13 resulted in a denial for a 2nd epidural steroid injection secondary to a lack of documented response to the previous procedure.

The previous utilization review dated 03/07/13 also resulted in a denial for a 2nd epidural steroid injection secondary to a lack of documented response to the previous injection.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The documentation submitted for review elaborates the patient complaining of ongoing cervical region pain with associated sensation deficits in a C6 distribution. The Official Disability Guidelines recommend a 2nd epidural steroid injection in the cervical region provided the patient meets specific criteria to include a positive response to the previous injection. There is mention in the clinical notes of the patient's reduction in pain following the 1st epidural steroid injection; however, no information was submitted regarding the level or duration of pain relief. Additionally, it is unclear if the patient experienced an objective functional improvement following the previous injection. There is mention in the clinical notes regarding the patient's reduction of medication; however, no objective information was submitted to confirm the patient's medication reduction. Given the lack of information regarding the patient's objective functional improvement and reduction in pain medications following the 1st injection, this request does not meet guideline recommendations. As such, it is the opinion of this reviewer that the request for a 2nd cervical ESI fluoroscopy w/IV sedation @ C5-C6 is not recommended as medically necessary and the prior denials are upheld.

**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)**