

P-IRO Inc.

An Independent Review Organization
1301 E. Debbie Ln. Ste. 102 #203
Mansfield, TX 76063
Phone: (817) 405-0878
Fax: (214) 276-1787
Email: resolutions.manager@p-iro.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Mar/29/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical ESI #1 Left C6/7 under anesthesia with Fluoro

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

PM&R and Pain Medicine

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 xx year old female whose date of injury is xxxxxx. On this date the patient fell from the top of an estimated 6 foot ladder onto her back, scapula and left elbow. The patient subsequently completed a course of physical therapy. MRI of the cervical spine dated 12/27/12 revealed at C6-7 a 2-3 mm broad disc protrusion is present, directed slightly more towards the left, resulting in mild spinal stenosis. No cord flattening is seen. Facet hypertrophy is present with bilateral subarticular recess narrowing and impingement upon the exiting C7 nerve roots. EMG/NCV dated 01/17/13 revealed evidence of left C7 radiculopathy,

moderate right median nerve entrapment at the wrist and right L5 radiculopathy. Physical examination on 01/24/13 notes patient has 25% of normal cervical range of motion. Distraction test and Jackson Compression tests are positive. Strength is 5/5 in muscle groups. Sensation is intact to touch. Functional capacity evaluation dated 02/26/13 indicates that current PDL is sedentary and required PDL is medium.

Initial request for cervical epidural steroid injection #1 left C6-7 under anesthesia with fluoro was non-certified on 02/18/13 noting that the patient has several cervical MRI disc mild abnormalities and degenerative changes, but no objective neurological deficits were identified on the 01/09/13 office exam. The Official Disability Guidelines do not validate the use of ESIs as a medical necessity without an objective radiculopathy. The denial was upheld on appeal dated 03/01/13 noting that there is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The patient's physical examination fails to establish the presence of active cervical radiculopathy. There is no documentation of extreme anxiety or needle phobia to support anesthesia.

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

The patient sustained injuries on 10/17/12 and has been treated with a course of physical therapy. The Official Disability Guidelines note that radiculopathy must be documented with objective findings on physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient's physical examination notes 5/5 muscle strength and intact sensation. There are no objective signs of radiculopathy presented. The submitted MRI notes only mild spinal stenosis at the requested level. As noted by previous reviewer, the submitted records fail to establish the presence of extreme anxiety or needle phobia to support the requested anesthesia. As such, it is the opinion of the reviewer that the request for cervical ESI #1 left C6-7 under anesthesia with fluoro is not recommended as medically necessary.

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)