

# True Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE NOTICE SENT TO ALL PARTIES:

Feb/12/2013

### IRO CASE #:

### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical ESI #3 C5/6 under Fluoroscopy and IV Sedation

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

Anesthesiology/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.**

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines  
CT chest with contrast 08/28/11  
CT brain and cervical spine 08/28/11  
Radiographs right knee 08/28/11  
Radiographs right forearm 08/28/11  
Clinical note 04/20/12 and 05/19/12  
Electrodiagnostic studies 05/08/12  
MRI cervical spine 05/15/12  
Clinical notes 06/15/12-12/17/12  
Procedure note 07/17/12 and 10/30/12  
Clinical note 12/04/12  
Prior reviews 12/26/12 and 01/22/13

### PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who initially sustained an injury on xx/xx/xx. Initial CT studies of the cervical spine were negative for significant trauma. The patient was followed for complaints of neck pain radiating into the right upper extremity. Prior treatment included 12 sessions of physical therapy and use of anti-inflammatories as well as amitriptyline. Electrodiagnostic studies from 05/12 identified evidence of cervical radiculopathy and MRI on 05/15/12 revealed a central disc protrusion at C5-6 and C6-7 with narrowing of the spinal canal at both levels. The patient underwent the initial epidural steroid injection at C6 and C5-6 and C6-7 on 07/17/12. Post-injection follow up with on 09/04/12 stated that the multiple medications

left the patient feeling sedated. Repeat follow up on 10/01/12 reported 80% improvement with the first epidural steroid injections with a decrease in symptoms and increase in range of motion. A second block was recommended which was performed on 10/30/12 at C7-T1. The patient was seen on 12/04/12 with complaints of continued pain in the cervical spine. The patient reported minimal relief with epidural steroid injections. Physical examination revealed numbness and tingling in the right upper extremity subjectively. The patient was waiting for a referral. Follow-up on 12/17/12 stated that the patient was willing to reduce his Norco use. The patient did report lower pain scores at 3-4/10 on the VAS scale.

The request for a 3rd epidural steroid injection at C5-6 was denied by utilization review on 12/26/12. The report indicated that there was insufficient documentation to establish the efficacy of the prior epidural steroid injections. Therefore, a 3rd injection was not supported.

The request was again denied by utilization review on 01/22/13 as there was no evidence of functional improvement with prior injections.

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

Based on the clinical documentation provided for review and current evidence based guideline recommendations, a 3rd epidural steroid injection would not be supported for this patient. The patient has had 2 epidural steroid injections, one series at C5-6 and C6-7 and a 2nd injection at C7-T1. While the patient did report improvement with the 1st epidural steroid injection, there was no significant documented functional improvement with the 2nd epidural steroid injection that would support ongoing injections. Per current evidence based guidelines, patients are recommended to have at least 50-70% relief of symptoms combined with functional improvement and medication reduction for at least 6 weeks to support additional epidural steroid injections. As the clinical documentation provided for review did not establish the efficacy of the 2nd injection, further epidural steroid injections would not be reasonable or necessary per guideline recommendations. As such, it is this reviewer's opinion that medical necessity is not established for the requested repeat epidural steroid injections at C5-6 and the prior denials are upheld.

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

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**