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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:
Jan/30/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Cervical Epidural Steroid Injection under Fluoroscopy and 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:

[X] 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 <u>each</u> health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
ODG - Official Disability Guidelines & Treatment Guidelines
Cover sheet and working documents
MRI cervical spine dated 01/11/12
Patient summary dated 05/07/12
Office visit notes dated 05/15/12, 06/05/12, 11/15/12
Pre-authorization determination dated 05/23/12
Pre-authorization determination dated 06/13/12
EMG/NCV studies dated 07/24/12
Pre-authorization determination dated 08/29/12
Pre-authorization determination dated 11/26/12
Request for reconsideration dated 12/07/12
Pre-authorization determination dated 11/28/12
Pre-authorization determination dated 12/10/12
Pre-authorization determination dated 12/14/12
Prospective IRO review response dated 01/14/13

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a male whose date of injury is xx/xx/xx. On this date the patient sustained a neck strain. MRI of the cervical spine dated 01/11/12 revealed at C2-3 and C3-4 there is no narrowing of the spinal canal or neural foramina. At C4-5 there is a central disc herniation by approximately 1.5 mm which impinges along the anterior thecal sac. There is right facet arthropathy which leads to moderate narrowing of the right neural foramina. At C5-6 there is

a broad based central subligamentous disc herniation by approximately 1.5 mm which impinges along the anterior thecal sac. The neural foramina are patent. At C6-7 there is a broad based subligamentous disc herniation by approximately 2 mm which impinges along the anterior thecal sac. The neural foramina are patent. EMG/NCV dated 07/24/12 revealed evidence of bilateral carpal tunnel syndrome of moderate severity. Follow up note dated 11/15/12 indicates that the patient completed 12 weeks of physical therapy. On physical examination cervical range of motion is moderately reduced. Muscle strength is rated as 5/5 throughout. Sensation is intact in the bilateral upper extremities. Triceps reflex was 1+ bilaterally. Phalen's sign was positive bilaterally.

Initial request for cervical epidural steroid injection under fluoroscopy and sedation was non-certified on 11/26/12 noting that MRI shows multilevel DDD but no specific neurological compromise. On exam there does not appear to be any focal neurological deficits. There is no evidence of dermatomal specific symptoms and no objective clinical findings consistent with a specific level of radiculopathy. An EMG was obtained that was negative for radiculopathy. The denial was upheld on appeal dated 12/10/12 noting that there are no physical examination findings consistent with a focal neurologic deficit. The MRI showed multilevel degenerative disc disease with no impingement of the neurologic structures. The testing documented only carpal tunnel syndrome. Records do not reflect the claimant has undergone physical therapy or a home exercise program.

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

Based on the clinical information provided, the request for cervical epidural steroid injection under fluoroscopy and sedation is not recommended as medically necessary, and the two previous denials are upheld. The patient's physical examination fails to establish the presence of active cervical radiculopathy, and the submitted MRI and EMG/NCV do not support the diagnosis as required by the Official Disability Guidelines. The request is nonspecific and does not indicate the laterality, level and approach to be performed. Given the current clinical data, the requested cervical epidural steroid injection is not indicated as medically necessary.

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