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An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jan/16/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: cervical right C4 transforaminal epidural steroid injection

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D. Board Certified 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. It is the opinion of the reviewer based on the information provided, that the request for cervical right C4 transforaminal epidural steroid injection is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization review determination dated 11/30/12, 12/21/12

Office note dated 12/10/12, 11/26/12, 11/12/12

Prospective IRO review response dated 12/27/12

CT cervical spine dated 10/24/12

EMG/NCV dated 09/13/12

Peer review dated 11/26/12

Progress note dated 10/29/12, 11/05/12

Physical therapy note dated 10/31/12, 11/01/12, 11/05/12

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female whose date of injury is xx/xx/xx. On this date the patient was involved in a motor vehicle accident where she was the that was T-boned by a car between the left door and wheel well. Treatment to date includes physical therapy. EMG/NCV dated 09/13/12 did not reveal evidence of a cervical radiculopathy. CT of the cervical spine dated 10/24/12 revealed at C3-4 minimal protrusion of disc material does not touch the anterior cord surface; severe right facet degeneration produces moderate right foraminal encroachment. At C4-5 mild protrusion of disc material approaches but does not deform the anterior cord surface. Peer review dated 11/26/12 indicates that the patient has a history of right L5-S1 decompression with anterior spinal fusion on 06/03/03. The reviewer opines that there is no evidence of an injury secondary to the motor vehicle accident in question that would reasonably require further treatment. Any additional treatment provided to the claimant would be related only to the claimant's pre-

existing conditions and not the motor vehicle accident in question. Physical examination on 12/10/12 indicates strength is rated as 4/5 throughout the bilateral upper extremities with the exception of 5/5 right triceps, bilateral wrist extensors and right wrist flexors. Deep tendon reflexes are 1/2 in the left upper extremity and 2/2 in the right upper extremity.

Initial request for cervical right C4 transforaminal epidural steroid injection was non-certified on 11/30/12 noting that patient described as having neck and right arm pain to the hands. This is not consistent with C4 pain distribution. Additionally, electromyogram revealed no evidence of radiculopathy and exam reveals no radicular findings of "glove" sensory loss inconsistent with imaging findings. Finally, MRI reveals multilevel degenerative disc disease but no focal herniated nucleus pulposus or nerve root compressions nor any concordance with patient's symptoms or change from cervical MRI in 2011. The denial was upheld on 12/21/12 noting that the physical examination findings do not clearly support a C4 radiculopathy for the cervical spine. There is no specific documentation of any atrophy in the right upper extremity or loss of deep tendon reflex in the right upper extremity. The physical examination findings at this time are not consistent throughout the evaluation with drastic changes from the 11/12/12 evaluation and the 11/26/12 evaluation which may represent some subjective changes by the claimant. The imaging studies do not document any significant neurocompression at C3, C4 level.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The submitted EMG/NCV does not reveal evidence of a cervical radiculopathy, and the patient's cervical CT and MRI fail to document any significant neurocompressive pathology, as required by the Official Disability Guidelines prior to the performance of a cervical epidural steroid injection. The patient's physical examination is not consistent with C4 pain distribution. Per peer review dated 11/26/12, there is no evidence of an injury secondary to the motor vehicle accident in question that would reasonably require further treatment. Any additional treatment provided to the claimant would be related only to the claimant's pre-existing conditions and not the motor vehicle accident in question. As such it is the opinion of the reviewer based on the information provided, that the request for cervical right C4 transforaminal epidural steroid injection is not 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)