



## Medwork Independent Review

5840 Arndt Rd., Ste #2  
Eau Claire, Wisconsin 54701-9729  
1-800-426-1551 | 715-552-0746  
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[www.medwork.org](http://www.medwork.org)



### *NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Worker's Compensation*

**January 25, 2013**

#### *MEDWORK INDEPENDENT REVIEW DECISION (WC)*

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**DATE OF REVIEW:** 1/22/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Left C6 selective nerve root block

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

Texas State Licensed MD Board Certified Orthopedic Surgeon & Spine Surgeon

**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 or not medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Texas Dept of Insurance Assignment to Medwork 01/07/2013
2. Notice of assignment to URA 01/04/2013
3. Confirmation of Receipt of a Request for a Review by an IRO 01/07/2013
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 01/07/2013
6. Medical documents 01/07/2013, 12/26/2012, letter to physician from insurance plan 11/29/2012, peer review report 11/28/2012, verification for diagnostic, surgical procedures 11/26/2012, medical documents 11/21/2012, letter to physician from insurance plan 11/09/2012, peer review report 11/7/2012, verification for diagnostic, surgical procedures 11/06/2012, medical documents 11/05/2012, report of medical evaluation 7/1/2012, examinee information 7/1/2012, medical documents 4/9/2012.

**PATIENT CLINICAL HISTORY:**



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The patient is a female with a workplace-associated injury reportedly to the neck and the upper back region. The injury mechanism reportedly was in association with pushing and pulling a cart while at work. The patient was noted to complain of persistent neck pain with radiation into the upper extremities. The patient was also noted to complain of numbness and tingling unilaterally in the thumb and index finger. She was noted to complain of headaches and worsening neck pain most recently. The patient was noted to have been documented to have a normal neurologic examination, including sensation, reflex, and motor power. She was noted to have an MRI scan reportedly revealing a disk herniation at the C5-6 level. The treating provider has documented in the records review that from a diagnostic and therapeutic standpoint the patient has an indication for selective nerve root block at the left C6. The denials have documented the lack of abnormal neurologic exam clinically, without objective findings of radiculopathy corresponding to the aforementioned MRI.

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

The treating provider's records have been reviewed, as have the therapy records, as have the required medical examination dated 07/01/2012. The latter has discussed the MRI of the cervical spine dated 04/18/2012, discussing the radiologist's impression of a minimal disk bulge at C4-5 and a large central disk herniation with stenosis at C5-6 and a minimal bulge at C6-7. The entirety of the records evidence shows that this patient has significant subjective findings which do not correlate with any abnormal findings on the clinical examination with regard to sensation, motor, and/or reflex examination. The patient, despite having the subjective symptomatology and the MRI abnormalities, overall has been documented to have sustained a cervical sprain/strain, including as per the aforementioned evaluator in the required medical examination. Based on the documents provided and the review of the radiologist's report of 04/09/2012, among other findings within this record, the documentation does not evidence objective findings of radiculopathy. The ODG criteria would typically only support the aforementioned request in a case in which there have been objective findings of clinical radiculopathy. These findings have not been evidenced within this record. Therefore, guideline criteria have not been met and there is not reasonable support for the left C6 selective nerve root block based on the ODG guidelines.

The denial of these services is upheld.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES



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- 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)