

Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jan/08/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: outpatient epidural steroid injection at left C4 and C5 for the cervical spine with fluoroscopy

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D. Board Certified Anesthesiology

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 that the documentation submitted for this review does not support the request for outpatient epidural steroid injection at left C4 and C5 for the cervical spine with fluoroscopy at this time and the prior denials are upheld.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
CT myelogram of the cervical spine dated 10/24/12
Clinical notes dated 11/06/12 and 11/26/12
Previous utilization reviews dated 12/04/12 and 12/12/12

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who reported an injury regarding his cervical spine. The CT myelogram of the cervical spine dated 10/24/12 revealed that the patient was status post anterior discectomy and fusion from C3-C7. No canal stenosis was noted at C4-5. Moderate to marked left-sided foraminal narrowing was noted with market right-sided stenosis. The clinical note dated 11/06/12 details the patient describing 75% improvement following the previous cervical surgery. The patient did note persistent left-sided cervical and parascapular discomfort radiating into the left proximal arm. Upon exam, tenderness to palpation was noted over the left cervical region. Pain was noted to be radiating into the left upper extremity. The patient was able to demonstrate 4/5 strength in the left deltoid, and 4+/5 strength in the left biceps and triceps. Per clinical note dated 11/26/12, the patient continued with complaints of cervical region pain. The pain was noted to be located bilaterally at the occipital regions, the mid-posterior neck and the bilateral trapezius muscles. The patient described the pain as an aching sensation with pins and needles and a shooting sensation as well. The pain was noted to be radiating to the left upper extremity, specifically to the biceps and the interior portion of the elbow. The patient

rated the pain as 4/10 at that time.

The utilization review dated 12/04/12 resulted in a denial secondary to lack of evidence on diagnostic imaging of significant nerve root impingement and a lack of significant findings indicating a radiculopathy component in the appropriate distribution.

The utilization review dated 12/12/12 also resulted in a denial secondary to a lack of definitive findings demonstrating radiculopathy as well as a lack of recent physical therapy.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The documentation submitted for review notes the patient complaining of cervical region pain despite previous surgical intervention. Official Disability Guidelines recommend an epidural steroid injection in the cervical spine provided the patient meets specific criteria to include completion of all conservative measures as well as significant clinical findings corroborated by imaging studies and/or electrodiagnostic studies. The submitted CT myelogram does indicate moderate to market left-sided foraminal narrowing; however, no significant neurocompressive findings were noted. Additionally, the patient is noted to have minimal strength deficits in the left upper extremity; however, no significant radiculopathy component was noted in the documentation. Furthermore, there is a lack of information regarding the patient's completion of all conservative measures. Therefore, this request does not meet guideline recommendations. As such, it is the opinion of the reviewer that the documentation submitted for this review does not support the request for outpatient epidural steroid injection at left C4 and C5 for the cervical spine with fluoroscopy at this time and the prior denials are upheld.

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)

Deyo RA, Mirza SK, Turner JA, Martin BI. Overtreating chronic back pain: time to back off? J Am Board Fam Med. 2009 Jan-Feb;22(1):62-8.