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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jul/18/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left C5 SNRB

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE

PM&R and Pain Medicine

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

Clinical notes dated 02/19/13 – 07/01/13

Therapy notes dated 05/13/13 – 06/05/13

MRI of the cervical spine dated 02/27/13

Operative report dated 04/17/13

Peer review dated 05/20/13

Previous utilization reviews dated 06/03/13 & 06/14/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury regarding his neck. The clinical note dated 02/19/13 details the patient complaining of neck and left arm pain. The note does detail the patient having a significant surgical history including cervical fusion in 2007 as well as a laminectomy in 1987. The patient reported radiating pain from the neck into the face and head. Numbness and tingling were noted on the left side of the head as well. The patient reported an inability to turn to the left or right. Pain was located in the central and bilateral portions of the cervical region. Radiating pain was noted into the left shoulder and arm all the way to the hand. Pain was also noted to be radiating to the upper back. The patient rated the pain as 8/10 at that time. The patient stated the initial injury occurred when he walked into a crossbeam resulting in severe radicular neck pain. The note does detail the patient utilizing Lyrica and Norco for the ongoing complaints of pain. Upon exam, range of motion restrictions were noted throughout the cervical region. Diffused paracentral tenderness was noted. The patient was noted to have a positive Spurling's test. Strength deficits were noted in the left biceps that was rated as 4/5. The MRI of the cervical spine dated 02/27/13

revealed a satisfactory fused C5-6 and C6-7 levels. Bilateral facet arthrosis was noted at C4-5. No foraminal encroachment was noted. The operative report dated 04/17/13 details the patient undergoing a caudal epidural injection with a catheter at C4-5. The clinical note dated 04/30/13 details the patient complaining of moderate neck pain located primarily on the left with radiation into the left upper extremity. The note does detail the patient utilizing non-steroidal medications as well as the use of Norco and Zanaflex. Weakness was noted in the left upper extremity as well as numbness and tingling. The patient did report improvement with a constant dull pain and range of motion improvements following the previous injection. The peer review dated 05/20/13 details the patient being recommended for continued treatment at a later date to include treatments outside of evidence based recommendations. The clinical note dated 05/30/13 details the patient rating his pain as 5-6/10. The patient described the pain as a sharp burning sensation that is progressive in nature. The patient was noted to have initiated therapy. The note does detail the patient having a current smoking habit. The note does detail the patient having improved range of motion; however, sustained rotation to the left produces numbness and tingling in the left upper extremity. The therapy note dated 06/05/13 details the patient having completed 2 physical therapy sessions to date. The clinical note dated 07/01/13 details the patient continuing with 6-7/10 cervical region pain.

The previous utilization review dated 06/03/13 for a selective nerve root block at the C5 level on the left resulted in a denial secondary to a lack of information regarding the patient's response to the previous epidural steroid injection. Additionally, the imaging studies failed to confirm the patient's neurocompressive findings.

The previous utilization review dated 06/14/13 for a selective nerve root block at the C5 level resulted in a denial secondary to a lack of indications regarding the patient's response to the previous epidural injection.

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

The documentation submitted for review elaborates the patient continuing with complaints of cervical region pain with radiation of pain into the left upper extremity. A selective nerve root block would be indicated provided the patient meets specific criteria to include a positive response to previous epidural injections in the cervical region. The patient is noted to have previously undergone an epidural injection in the cervical region. However, no information was submitted regarding the patient's positive response to include a 50% reduction in pain for 6-8 weeks along with an objective functional improvement and a reduction in the patient's medication intake. Additionally, the submitted imaging studies failed to confirm the patient's neurocompressive findings specifically at the C5 level. Given that no information was submitted regarding the patient's confirmation of a positive response regarding the previous epidural injection, this request is not indicated. As such, it is the opinion of this reviewer that the requested for a left sided C5 selective nerve root block is not recommended as 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)