

# Clear Resolutions Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Jun/24/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** outpt ASC cervical epidural steroid injection

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** D.O., Board Certified physical medicine and rehabilitation 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.** It is the opinion of the reviewer that the request for outpt ASC cervical epidural steroid injection is not recommended as medically necessary.

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization review determination dated 03/18/13, 05/13/13

Letter dated 06/06/13

Follow up note dated 12/09/09, 03/08/10, 06/09/10, 09/13/10, 12/13/10, 03/16/11, 06/08/11, 09/12/11, 12/12/11, 03/12/12, 09/10/12, 12/10/12, 02/04/13, 03/11/13, 04/22/13

Radiographic report dated 02/21/13

MRI cervical spine dated 02/21/13

Handwritten neurosurgical consultation dated 02/05/13

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male whose date of injury is xx/xx/xx. Follow up note dated 12/09/09 indicates that the patient complains of cervical and thoracic midline pain with bilateral upper extremity symptoms. The patient is noted to present with failed neck surgery syndrome. Per office visit note dated 02/04/13, the patient presents with a two week history of worsening neck pain. He feels he is having increasing left sided axial neck and shoulder pain. He last went to PT for his neck 8 years ago. The patient is status post C4-6 fusion with plates x 2 10-12 years ago. The patient underwent trigger point injection to the left trapezius on this date. MRI of the cervical spine dated 02/21/13 revealed anterior fusion C3 through C7 levels. There is grade I anterolisthesis with a psuedobulge measuring 2-3 mm at C2-3. There is moderate left and mild right facet arthropathy and mild to moderate bilateral foraminal narrowing. There is mild central canal stenosis. At C3-4 there is still posterior spondylotic ridging and mild to moderate facet arthropathy producing mild bilateral foraminal narrowing. There is mild canal stenosis. At C4-5 there is posterior spondylotic ridging, mild central canal stenosis, mild facet arthropathy and no foraminal narrowing. At C5-6 there is posterior spondylotic ridging, mild bilateral facet arthropathy

and foraminal narrowing, and mild canal stenosis. At C6-7 there is posterior spondylotic ridging indenting the ventral surface of the thecal sac without canal stenosis; there is further mild bilateral uncovertebral hypertrophy and foraminal narrowing. At C7-T1 there is grade 1 anterolisthesis with a pseudobulge; there is moderate to severe bilateral facet arthropathy. There is moderate to severe left and moderate right foraminal narrowing with impingement of the exiting bilateral C8 nerve roots. There is mild canal stenosis. Note dated 03/11/13 indicates that he has not started PT yet. Per note dated 04/22/13, cervical range of motion is flexion normal, moderate decrease in extension and left rotation and mild decrease in right rotation. Sensation is intact in the upper extremities.

The patient was recommended to undergo C7-T1 epidural steroid injection.

Initial request for cervical epidural steroid injection was non-certified on 03/18/13 noting that the sensory exam showed no evidence of deficits along the dermatomal distribution of the C7-T1 nerve roots to warrant the procedure. Furthermore, there was no evidence of recent initiation of PT to address the patient's condition. The denial was upheld on appeal dated 05/13/13 noting that the updated documentation was unable to address all of the above issues. The patient still tested negative for any upper extremity sensory deficit which is not suggestive of cervical radiculopathy. Also, there is still no mention of any recent attempts at active therapy to address his pain.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The submitted records indicate that the patient last underwent a course of physical therapy for his neck 8 years ago. There is no indication that the patient has undergone any recent active treatment to address his symptoms. The patient's physical examination fails to establish the presence of active cervical radiculopathy, as required by the Official Disability Guidelines prior to the performance of a cervical epidural steroid injection. The patient's sensory exam is intact. As such, it is the opinion of the reviewer that the request for outpt ASC cervical epidural steroid injection 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)