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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jul/02/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical ESI

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

Anesthesiologist 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

Utilization review determination dated 05/20/13, 05/31/13, 08/24/12

Follow up note dated 05/29/13, 05/01/13, 03/27/13, 03/13/13, 02/13/13, 01/16/13, 08/09/12, 06/26/12

Peer review dated 07/09/12

MRI right shoulder dated 05/14/12

MRI cervical spine dated 06/20/12

MRI lumbar spine dated 06/07/12

EMG/NCV dated 06/15/12

MRI left knee dated 05/14/12

Designated doctor evaluation dated 02/16/13, 09/15/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. On this date the patient slipped on steps and twisted his right arm. EMG/NCV dated 06/15/12 revealed electrophysiologic evidence of bilateral sensorimotor polyneuropathy, symmetrically affected. MRI of the cervical spine dated 06/20/12 revealed at C2-3 there is a diffuse disc bulge; there is a superimposed broad based central disc protrusion measuring 1.8 mm; no central stenosis; mild left neural foraminal narrowing. At C3-4 there is a diffuse disc bulge with a superimposed broad based central disc protrusion measuring 4.5 mm which contacts the anterior aspect of the thecal sac causing moderate central stenosis; severe bilateral neural foraminal narrowing. At C4-5 there is a diffuse disc bulge and superimposed broad based

central disc protrusion measuring 1.8 mm. There is moderate central stenosis and moderate to severe bilateral neural foraminal narrowing. At C5-6 there is mild central stenosis and mild left neural foraminal narrowing. Peer review dated 07/09/12 indicates that at best the patient sustained an overpressure or sprain/strain to his right upper extremity which has not resulted in any structural failure to the right shoulder or right elbow. No additional diagnostic studies, chiropractic treatment, physical therapy or injections are medically necessary. Designated doctor exam dated 09/15/12 indicates that the claimant has problems which appear to be relatively mild. The patient was recommended to undergo a course of physical therapy for his neck symptoms. Designated doctor evaluation dated 02/16/13 indicates that the patient has undergone extensive physical therapy and chiropractic care from 09/20/12 through 01/23/13. At no point in time was he involved in the MDT/mechanical treatment plan that the designated doctor had recommended in September. Follow up note dated 05/29/13 indicates that he continues with neck pain radiating into and down the right arm as far as the elbow. There is no numbness or tingling in the distal extremity. There is dense exquisitely tender paravertebral muscle spasm in the cervical paravertebral musculature.

Initial request for cervical epidural steroid injection was non-certified on 05/20/13 noting that 2012 EMG was negative and NCV reported bilateral sensorimotor polyneuropathy. Note dated 02/03/13 documents that there is diffuse spondylosis, but no nerve impingement. No neurological complaints or deficits are reported. ODG criteria for epidural steroid injection are not met. The denial was upheld on appeal dated 05/31/13 noting that there is no clear-cut evidence of radiculopathy on physical examination and no corroborating evidence of radicular pathology on imaging studies as would be required by the ODG for consideration of CESI.

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

The patient sustained injuries in xx/xx/xx. The patient's physical examination fails to establish the presence of active lumbar radiculopathy. The Official Disability Guidelines require documentation of radiculopathy on physical examination with corroboration by imaging studies/electrodiagnostic results. 2012 EMG was negative and NCV reported bilateral sensorimotor polyneuropathy. The request is nonspecific and does not indicate the level, laterality or approach to be utilized. As such, it is the opinion of the reviewer that the request for 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:

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES