

Applied Resolutions LLC

An Independent Review Organization
900 N. Walnut Creek Suite 100 PMB 290
Mansfield, TX 76063
Phone: (214) 329-9005
Fax: (512) 853-4329
Email: manager@applied-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

May/08/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

#2 Cervical Epidural Steroid Injection C6/7

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

Anesthesiologist
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 02/11/13, 03/06/13
Office note dated 01/29/13, 12/20/12, 12/11/12, 02/26/13, 03/26/13
MRI cervical spine dated 11/19/12
Procedure report dated 01/10/13
History and physical dated 01/10/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female whose date of injury is xx/xx/xx. On this date the patient had to restrain who pushed back into her chin. MRI of the cervical spine dated 11/19/12 revealed at C6-7 there is some slight disc space height loss and disc desiccation. A 2.5 mm AP disc protrusion is seen posterior centrally, slightly asymmetric toward the right of midline. It appears to contact and slightly deform the ventral right surface of the cervical cord. AP dimension of the thecal sac measures 8.6 mm. No neural foraminal stenosis is seen. The patient underwent cervical interlaminar epidural steroid injection at C6-7 on 01/10/13. Follow up note dated 01/29/13 indicates that the patient reports the injection provided nearly 100% relief for several days and now she rates her pain relief at 25%. She has completed 3 sessions of physical therapy. Physical examination on 02/26/13 notes strength is 5+/5 throughout with the exception of left hand grip. Sensation is decreased in the left upper extremity in the C6-7 distribution. Deep tendon reflexes are 2+ throughout.

Initial request for #2 cervical epidural steroid injection C6-7 was non-certified on 02/11/13 noting that current evidence based guidelines support repeat epidural steroid injection with evidence of at least 50% pain relief for at least 6-8 weeks. The patient underwent previous epidural steroid injection on 01/10/13, less than 6 weeks ago. Follow up note dated 01/29/13, less than 3 weeks after CESI #1 indicates that the patient reported only 25% pain relief at that time. The denial was upheld on appeal dated 03/06/13 noting that there should be documentation of at least 50% pain relief for 6 to 8 weeks. There should be documentation of radiculopathy on exam and imaging studies. The submitted records indicate the patient had almost 100% relief from the injection on 01/10/13, but this lasted for only several days, and when she returned to clinic on 01/29/13 she reported 25% pain relief. As such, she did not receive significant pain relief over time as recommended by guidelines.

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

The patient underwent cervical MRI on 11/19/12 which fails to document any significant neurocompressive pathology. The patient has completed only 3 physical therapy visits to date. The patient subsequently underwent C6-7 epidural steroid injection on 01/10/13. Per follow up note dated 01/29/13, the patient reported that the injection provided 100% pain relief for several days, but had decreased to 25% as of this note. The Official Disability Guidelines support epidural steroid injections when there is objective evidence of radiculopathy on physical examination which is corroborated by imaging studies and/or electrodiagnostic results; there should be documentation that the patient has been unresponsive to conservative measures; and repeat epidural steroid injections should only be performed with evidence of at least 50% pain relief for at least 6-8 weeks. As such, it is the opinion of the reviewer that the request for #2 cervical epidural steroid injection C6-7 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