

# Independent Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE NOTICE SENT TO ALL PARTIES:

May/08/2013

### IRO CASE #:

### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

C4-5 Cervical Epidural Steroid Injection

### 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

Clinical notes 09/13/11-03/04/13

MRI right shoulder 08/18/11

MRI cervical spine 09/22/11

Electrodiagnostic studies 09/28/11

Operative report 11/18/11

MRI right shoulder 03/12/12

MRI right shoulder 04/18/12

Operative report 07/06/12

Previous utilization reviews 03/05/13 and 03/12/13

### PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury to his right shoulder and cervical spine. Clinical note dated 09/13/11 detailed the patient rating his neck and shoulder pain as 7/10. The patient stated that the initial injury occurred on xx/xx/xx when he was moving a large mat with another individual when the fellow coworker dropped the mat and his end pulled all his weight. MRI of the cervical spine dated 09/22/11 revealed disc herniations at C4-5 and C6-7. Disc space narrowing and endplate osteophyte formation was noted at C5-6. A central disc herniation was also noted at C4-5. Electrodiagnostic studies dated 09/28/11 revealed mild evidence of right sided lower cervical nerve root irritation. Clinical note dated 10/10/11 detailed the patient rating his pain as 8/10. Reflexes were diminished at the biceps, triceps, and brachial radialis. Diminished sensation was noted in the bilateral forearms. The patient

demonstrated 3/5 strength at the right biceps and triceps and 4/5 strength at the left biceps and triceps. Operative report dated 11/18/11 detailed the patient undergoing epidural steroid injections at C5-6 and C6-7. Clinical note dated 02/06/12 detailed the patient continuing with strength deficits and diminished reflexes throughout the upper extremities. Operative report dated 07/06/12 detailed the patient undergoing a right shoulder injection. Clinical note dated 01/23/13 detailed the patient continuing with 8/10 pain in the cervical spine. Clinical note dated 02/04/13 detailed the patient reporting 50-60% pain relief following the previous epidural steroid injection. The patient also had improved physical activity. The patient continued to rate the cervical spine pain as 5-7/10.

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

Clinical documentation details the patient complaining of cervical spine pain. An epidural steroid injection would be indicated in the cervical spine provided that the patient meets specific criteria, including imaging studies confirming neurocompressive findings and a radiculopathy component in the appropriate distributions. The patient has reflex and strength deficits. However, clinical documentation details the radiculopathy in a non-dermatomal distribution. Additionally, no imaging studies were submitted regarding neurocompressive findings at the C4-5 level. Given this, the request does not meet and this request is not indicated as medically necessary. As such, it is the opinion of the reviewer that the request for an epidural steroid injection at C4-5 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)