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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Apr/30/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right C5/C6 Cervical Epidural Steroid Injection Under Anesthesia with Fluoroscopic Guidance

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

Anesthesiologist

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 03/06/13, 04/04/13
Letter of reconsideration dated 03/19/13
Precertification request dated 03/21/13, 03/01/13
Follow up note dated 11/09/12, 10/29/12, 10/08/12
MRI cervical spine dated 05/29/12
MRI right shoulder dated 05/29/12
Operative report dated 11/01/12
EMG/NCV dated 10/03/12
Office visit note dated 02/20/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. The patient reports that he was on a ladder when the ladder rocked back and he fell and caught himself between the table and the ladder and injured his right shoulder, cervical spine and lumbar spine. MRI of the cervical spine dated 05/29/12 revealed at C5-6 subtle spondylosis is noted. The AP dimension of the central canal measures 8-9 mm. No cord compression is identified. No significant neural foraminal stenosis is seen. EMG/NCV dated 10/03/12 revealed no evidence of cervical radiculopathy or radiculitis. The patient underwent right shoulder arthroscopy with debridement biceps tendon and anterior labrum on 11/01/12. Office visit note dated 02/20/13 indicates that treatment to date includes physical therapy, TENS unit, chiropractic care and

medication management. On physical examination range of motion is mildly decreased in cervical flexion, extension and bilateral rotation and bending. Deep tendon reflexes are normal. Sensation is reportedly diminished on the right C5, C6, and C7. Muscle strength is normal throughout.

Initial request for right C5-6 cervical epidural steroid injection under anesthesia with fluoroscopic guidance was non-certified on 03/06/13 noting that there is no documentation to indicate the presence of a compressive lesion upon any of the neural elements in the cervical spine on objective diagnostic testing accomplished to date. Additionally, there is no documentation to indicate specifics with respect what type of conservative treatment was previously provided. Letter of reconsideration dated 03/19/13 indicates that the patient has evidence of neuropathy on the right side by EMG findings. Patient also has a positive Soto Hall test on the right indicating foraminal compression. The denial was upheld on appeal dated 04/04/13 noting that the medical documentation provided for review, including the electrodiagnostic studies does not demonstrate any cervical radiculopathy in the upper extremities. There is no documentation on the MRI of the cervical spine of any nerve root compression. These findings do not corroborate with the physical examination findings that have been provided for review.

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

The patient sustained injuries on xx/xx/xx; however, there is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The submitted EMG/NCV dated 10/03/12 revealed no evidence of cervical radiculopathy or radiculitis. The submitted cervical MRI fails to document any significant neurocompressive pathology. The Official Disability Guidelines note that radiculopathy must be documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, there is no documentation of extreme anxiety or needle phobia to support the requested anesthesia. As such, it is the opinion of the reviewer that the request for right C5-6 cervical epidural steroid injection under anesthesia with fluoroscopic guidance 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