



Notice of Independent Review Decision - WC

DATE OF REVIEW: 11/20/14

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Transforaminal CESI @ Left C6-C7 with fluoroscopy and monitored anesthesia by an on call CRNA

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

Board Certified in Physical Medicine and Rehabilitation
Board Certified in 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 or not medical necessity exists for each of the health care services in dispute:

- Transforaminal CESI @ Left C6-C7 with fluoroscopy and monitored anesthesia by an on call CRNA - Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

Records indicate the patient fell and broke his left clavicle. Conservative treatment has included physical therapy and medications, most recently NSAIDs and Lyrica. Diagnostic testing includes MRIs of the cervical spine and left shoulder, and EMG/NCV. Diagnoses: Cervical Radiculopathy w/o Disc Displacement and Brachial Plexus Injury. Treating physician recommends CESI.

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

The proposed procedure is not medically reasonable or necessary. Physical examination findings document problems primarily in a C5 distribution and the EMG study demonstrates C5 and C6 radiculitis/radiculopathy. The MRI scan was entirely normal. In light of the inability of physical examination, EMG study, and MRI scan to pinpoint one lesion with corroborating evidence, medical reasonableness and necessity per the Official Disability Guidelines has not been met for this procedure.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**