

Phone Number:
(512) 879-6332

An Independent Review Organization

512 W M L K Blvd. PMB 315
Austin, TX 78705

Email:truedecisions@irosolutions.com

Fax Number:
(512) 872-5099

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

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)

Description of the service or services in dispute:

Cervical Epidural Steroid Injection (C4-5)

Patient Clinical History (Summary)

The patient is a male whose date of injury is xx/xx/xx. The patient's neck was injured. MRI of the cervical spine dated 10/10/08 revealed at C4-5 there is diffuse disc bulge, slightly more so on the right, causing slight indentation on the right anterior spinal cord. However, no underlying abnormal cord signal is evident. The patient underwent right shoulder arthroscopy on 04/24/13. The most recent orthopedic report dated 07/31/14 indicates that the patient's shoulder pain is much better except when he tries to lay on it. On physical examination the patient has increased pain with axial compression. Spurling sign also reproduced pain out to his right elbow area and upper arm. He has paresthesias along his right C5 distribution. His motor strength is more or less symmetric, and his reflexes are 2+ in the biceps and triceps.

Initial request for cervical epidural steroid injection C4-5 was non-certified on 08/26/14 noting that the patient has had EMG/NCV in the past with no evidence of radiculopathy. Letter of medical necessity dated 09/22/14 indicates that electrodiagnostic studies do not effectively rule out cervical radiculopathy. The denial was upheld on appeal dated 10/09/14 noting that the most recent cervical MRI available for review was from October 2008. EMG/NCV did not demonstrate radiculopathy.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient sustained injuries in xx/xxxx. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There is no indication that the patient has undergone any recent active treatment. There are no recent imaging studies/electrodiagnostic results submitted for review to corroborate physical examination findings as required by the Official Disability Guidelines. The most recent MRI of the cervical spine submitted for review is approximately 6 years old. As such, it is the opinion of the reviewer that the request for cervical epidural steroid injection 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 and Environmental Medicine um knowledgebase
- AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)