

# Applied Assessments LLC

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE NOTICE SENT TO ALL PARTIES:

Mar/24/2014

### IRO CASE #:

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

C5-6 epidural steroid injection

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

Board Certified Orthopedic Surgery

### 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:

#### PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. The patient hit his head injuring his neck and back. Treatment to date includes physical therapy, discogram, MRI scans, thoracic outlet surgery, and T8-10 discectomy and fusion on 08/04/94. The patient underwent bilateral C4-5, C5-6 epidural steroid injection on 01/05/11 with 50% pain relief. The patient underwent C4-5, C5-6 epidural steroid injection on 10/12/11 and did quite well, per note dated 11/29/11. Office visit note dated 12/10/13 indicates that the patient presents for flare up of neck pain and stiffness and bilateral shoulder pain. Medications are listed as Cialis and Celebrex. He is still working full time and full duty. On physical examination gait is normal. Cervical flexion is reduced by 30% and cervical extension is reduced by 60%. Spurling's is mildly positive bilaterally. There is mild weakness in the biceps, worse on the left than the right. There is decreased sensation in both small fingers.

Initial request for C5-6 epidural steroid injection was non-certified on 01/15/14 noting that the patient's latest physical examination revealed reduced range of motion, mildly positive Spurling's maneuver, mild weakness and decreased sensation. There were no imaging studies or electrodiagnostic studies submitted for review to corroborate a diagnosis of radiculopathy. Additionally, the patient has previously received epidural steroid injections. Documentation of at least 50 percent to 70 percent pain relief for 6 to 8 weeks following the initial block was not provided for review. Letter dated 01/30/14 indicates that the patient had a cervical epidural steroid injection in October 2011 with greater than 80% relief for at least 2

years. The denial was upheld on appeal dated 02/25/14 noting that a prior EMG/NCV did not show any cervical radiculopathy or thoracic outlet syndrome. The updated documentation was unable to address all of the above issues. The improvements made in function and medication intake following the cervical epidural steroid injection in 10/2011 were still not documented to allow a repeat epidural steroid injection at C5-6. There is no mention of any recent attempts with active therapy given a flare-up of neck pain.

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

The Official Disability Guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. There are no imaging studies and/or electrodiagnostic results submitted for review. There is no comprehensive assessment of recent treatment completed to date or the patient's response thereto submitted for review, despite a flare-up of neck pain. As such, it is the opinion of the reviewer that the request for C5-6 epidural steroid injection 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**