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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jan/23/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

C5/C6 ESI under Fluoroscopy with IV Sedation

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

Board Certified 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)

Overturn C5-6 ESI with fluoroscopy

Upheld IV Sedation

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

CT brain 05/07/13

CT cervical spine 05/07/13

CT thoracic spine 05/07/13

X-rays right shoulder 05/07/13

CT lumbar spine 05/07/13

Clinical notes 05/07/13

Clinical note 05/11/13

CT scan brain 05/11/13

Designated doctor evaluation 10/05/13

MRI cervical spine 07/19/13

Clinical note 09/18/13

MRI lumbar spine 09/23/13

Clinical note 10/14/13

Clinical note 11/04/13

Clinical note 12/11/13

Adverse determinations 10/25/13 and 12/03/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury to multiple areas. Clinical note dated 05/07/13 indicated the patient complaining of neck pain and low back pain. The patient reported no loss of consciousness; however, he had ongoing complaints of nausea and dizziness. Upon

exam tenderness was noted at the right shoulder. The patient demonstrated decreased range of motion throughout the right shoulder as well. Designated doctor evaluation dated 05/13/13 indicated the patient continuing with multiple areas of pain. The patient completed four weeks of physical therapy. The patient rated the pain as 8-10/10. Reflexes were diminished at the right brachial radialis. The patient demonstrated 3/5 strength at the cervical muscles, deltoid on the right deltoid, right wrist, and 4/5 strength at the great biceps brachii and triceps brachii. MRI of the lumbar spine dated 07/19/13 revealed a 4mm posterior central disc protrusion at C5-6 moderately effacing the thecal sac and moderately narrowing both the lateral recesses. Clinical note dated 10/14/13 mentioned the patient utilizing non-steroidal medications for ongoing pain relief. Decreased range of motion was noted to include 40 degrees of right rotation and 60 degrees of left rotation. Sensation was decreased in a C5 distribution with continued decreased reflexes. The patient carried the right arm in a sling. Clinical note dated 12/11/13 mentioned the patient continuing with complaints of neck pain. Pain radiated to right lateral forearm with distal paresthesia. Pain radiated superiorly and laterally into the greater occipital nerve and the lesser occipital nerve bilaterally. Utilization review dated 10/25/13 mentioned a result in denial for epidural steroid injection as no comprehensive assessment of treatment was noted completed to date or patient response. No documentation of extreme anxiety or needle phobia was noted to support IV sedation. Utilization review dated 12/03/13 resulted in denial for epidural steroid injection as the intended laterality was not provided and no information was submitted regarding the clinical need for IV sedation.

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

Clinical documentation indicates the patient complaining of ongoing neck pain radiating to the upper extremities. Epidural steroid injection would be indicated in the cervical spine provided that the patient meets specific criteria, including completion of all conservative measures and specific radiculopathy complaints in the appropriate distribution. Clinical notes mention completion of a four week course of physical therapy. Additionally, clinical signs indicate strength, reflex, and sensation deficits in the C5 distribution. Therefore, the patient may benefit from epidural steroid injection at C5-6. However, no information was submitted regarding the need for IV sedation as no anxiety or severe fear of needles was noted in the clinical documentation. Given this, the request for C5-6 epidural steroid injection under fluoroscopy with IV sedation is non-certified; however, the request for C5-6 epidural steroid injection under fluoroscopy is reasonable. As such, it is the opinion of the reviewer that the request for C5-6 epidural steroid injection under fluoroscopy is recommended as medically necessary. Therefore, the request is partially overturned.

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