

I-Resolutions Inc.

An Independent Review Organization
3616 Far West Blvd Ste 117-501
Austin, TX 78731
Phone: (512) 782-4415
Fax: (512) 233-5110
Email: manager@i-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jan/20/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: SNRB at C5/6, bilateral with sedation

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., 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. It is the opinion of the reviewer that the request for a SNRB at C5/6, bilateral with sedation is not recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Therapy note dated 12/06/12
Therapy note dated 12/14/12
Therapy note dated 01/03/13
Therapy note dated 01/11/13
Therapy note dated 01/25/13
Therapy note dated 02/05/13
Therapy note dated 02/15/13
Therapy note dated 03/05/13
Therapy note dated 03/22/13
Therapy note dated 04/01/13
Therapy note dated 04/04/13
Therapy note dated 04/12/13
Therapy note dated 04/26/13
MRI of the lumbar spine dated 01/10/13
MRI of the cervical spine dated 02/01/13
Clinical note dated 02/11/13
Clinical note dated 04/09/13
Clinical note dated 07/11/13
Clinical note dated 09/09/13
Clinical note dated 11/01/13
Clinical note dated 11/15/13
Clinical note dated 11/19/13
Adverse determinations dated 11/08/13 & 12/12/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female who reported an injury regarding her cervical region. The MRI of the cervical spine dated 02/01/13 revealed a tiny central disc protrusion at C5-6 producing no significant narrowing of the central canal. The clinical note dated 02/11/13 indicates the patient having complaints of neck, shoulder, and low back pain. The patient did report radiating pain into the knee specifically on the left. The patient's past medical history is significant for a lumbar injury. The note mentions the patient having no specific complaints of weakness or numbness. The patient rated the neck pain as 6/10. Radiating pain was noted into the shoulders. The patient did note an onset of numbness and tingling in both hands, specifically at the radial region on the left specifically at the thumb, index, and middle fingers and on the ulnar side at the right into the right middle, ring, and little fingers. The note mentions the patient utilizing Aleve. The clinical note dated 04/09/13 indicates the patient stating that she had some improvement following the initiation of physical therapy. The patient was able to demonstrate 42 degrees of cervical flexion and 32 degrees of extension. The therapy note dated 04/26/13 indicates the patient having completed 13 physical therapy sessions to date. The clinical note dated 07/11/13 indicates the patient continuing with cervical and lumbar complaints. The patient stated that there had been a re-aggravation of the patient's symptoms secondary to a 2nd injury. The patient reported an increase in numbness and tingling in the left upper extremity. The patient did report some benefit with previous involvement with therapy. The patient did state that she was continuing to work. Upon exam, tenderness was noted at the paravertebral muscles throughout the cervical region. The spinous processes were noted to be non-tender. Sensory deficits were noted in the C6 dermatome. The clinical note dated 09/09/13 indicates the patient continuing with numbness in both hands. The clinical note dated 11/01/13 indicates the patient undergoing a trial of Lyrica to address the neuropathic findings in the cervical region. The clinical note dated 11/15/13 indicates the patient continuing with cervical region pain. The note mentions the patient having completed 4 weeks of physical therapy. The clinical note dated 11/19/13 mentions the patient having 5/5 strength in the upper extremities. No reflex deficits were noted. Decreased sensation was noted in both hands.

The utilization review dated 11/08/13 resulted in a denial for a selective nerve root block at C5-6 as the submitted MRI revealed no significant neurocompressive pathology.

The utilization review dated 12/12/13 resulted in a denial as no significant narrowing was noted in the central canal at the C5-6 level.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The documentation submitted for review elaborates the patient complaining of cervical region pain with associated numbness in both hands. A selective nerve root block would be indicated provided the patient meets specific criteria to include imaging studies confirming the patient's neurocompressive findings at the appropriate level. The submitted MRI revealed no significant pathology at the C5-6 level. Additionally, the request includes the request for sedation. No information was submitted regarding the patient's extreme anxiety related to the proposed procedure, thus requiring sedation. Given that no information was submitted confirming the patient's neurocompressive findings, specifically at the C5-6 level, this request is not indicated as medically necessary. As such, it is the opinion of the reviewer that the request for a SNRB at C5/6, bilateral with sedation 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 & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & 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)