

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jan/14/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 cervical transforaminal epidural steroid injection at left C6/7 under fluoroscopic guidance with conscious sedation, 1 injection as an outpatient

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

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)

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:

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization review determination dated 11/19/13, 12/10/13

Letter dated 11/20/13

MRI cervical spine dated 02/22/10

IME dated 05/24/13

Procedure note dated 02/14/12, 07/14/10

History and physical dated 02/14/12

EMG/NCV dated 05/25/10, 04/01/09, 08/14/07, 07/11/07, 04/17/06

Progress note dated 11/05/13, 09/18/13, 08/20/13

Follow up note dated 04/01/13, 09/18/12, 08/14/12, 07/10/12, 04/30/12, 03/30/12, 02/03/12, 11/07/11

Peer review dated 04/24/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female whose date of injury is xx/xx/xx. The mechanism of injury is described as lifting. MRI of the cervical spine dated 02/22/10 revealed at C6-7 there is mild bulging of the disc and very prominent posterolateral osteophytes with moderate bilateral neural foraminal narrowing; mild spinal canal stenosis is seen as well. The patient underwent bilateral C5-6 and C6-7 transforaminal epidural steroid injection on 07/14/10. The patient subsequently underwent bilateral C6-7 transforaminal epidural steroid injection on 02/14/2012. Follow up note dated 03/30/12 indicates that the patient reported 80% pain relief

for the first two weeks, and continues to report over 60% improvement for the last 4-6 weeks. Peer review dated 04/24/12 indicates that the patient has undergone a de Quervain's release and two left shoulder surgeries for impingement. The peer reviewer notes that no diagnostic imaging has been provided for review documenting pathology or nerve root impingement that would require an epidural injection. No muscular weakness, atrophy or loss of reflex has been documented. The patient underwent left shoulder injection on 04/01/13. IME dated 05/24/13 indicates that if the patient has significant exacerbations, she might benefit from one or two epidural steroid injections a year. Progress note dated 11/05/13 indicates that on physical examination there is mild cervical paraspinal muscle tenderness to palpation. There is mild limitation of cervical range of motion secondary to pain. There is noted to be radicular pain in the bilateral C6-7 dermatome distribution.

Initial request for 1 cervical transforaminal epidural steroid injection at left C6/7 under fluoroscopic guidance with conscious sedation, 1 injection as an outpatient was non-certified on 11/19/13 noting that the electrodiagnostic studies reported no evidence of cervical radiculopathy, and there is no objective evidence of cervical radiculopathy on physical examination. There is no documentation, after the previous injections, of 50-70% pain relief for six to eight weeks, or decreased use of medications or increased function. There is no documentation of lower levels of conservative care of physical methods or non-steroidal anti-inflammatories. The denial was upheld on appeal dated 12/10/13 noting that the only significant finding in this claimant is subjective complaints of pain in the C6-7 dermatome. There is no specific documentation of loss of sensation, loss of strength or loss of deep tendon reflexes.

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

The patient sustained injuries in xx/xxxx. Subsequent electrodiagnostic testing failed to document evidence of active radiculopathy. The patient's physical examination fails to establish the presence of active cervical radiculopathy as required by the Official Disability Guidelines Neck and Upper Back Chapter prior to the performance of a cervical epidural steroid injection. The patient's most recent physical examination documents only subjective reports of radicular pain in the bilateral C6-7 distribution. There is no documentation of decreased sensation, deep tendon reflexes or strength, and Spurling's test is not documented. There is no documentation of extreme anxiety or needle phobia to support conscious sedation. As such, it is the opinion of the reviewer that the request for 1 cervical transforaminal epidural steroid injection at left C6/7 under fluoroscopic guidance with conscious sedation, 1 injection as an outpatient is not recommended as medically necessary.

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

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

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES