

# Applied Resolutions LLC

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

July 8, 2014

**IRO CASE #:**

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

Epidural steroid injection cervical spine

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

Board Certified Orthopedic Surgeon

**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 who reported an injury to his neck as a result of a three foot fall when the patient had a seizure. A clinical note dated xxxxxx indicated the patient undergoing lab studies. The lab results revealed essentially normal findings. The patient utilized a cervical collar. The patient had history of C7 fracture. Clinic MRI of the cervical spine dated 02/23/14 indicated the patient had a fractured left facet at C7. Prominent disc osteophyte complex was identified at C5-6 and C6-7 identified as causing mild central canal stenosis and moderate bilateral neural foraminal narrowing. A clinical note dated 02/23/14 indicated the patient utilizing seizure medications. The patient stated that he was undergoing a seizure resulting in a three foot fall and that he may have missed his seizure medications. The patient continued with a cervical collar in place. A clinical note dated 04/18/14 indicated the patient complaining of worsening symptoms. The patient stated he was experiencing neck pain worse at night. Prolonged sitting and standing also exacerbated his pain. The patient utilized Ultracet and Zanaflex and Celebrex for pain relief. The patient demonstrated 5/5 in all extremities. No reflex deficits were identified. The patient ambulated with a normal gait. A clinical note dated 06/03/14 indicated the patient continuing with neck pain. The patient was recommended for epidural steroid injection and physical therapy.

The Utilization Review dated 04/24/14 resulted in denial as no neurological involvement was identified by clinical evaluation. No imaging studies had been submitted confirming the patient's symptomology. The Utilization Review dated 05/06/14 indicated the patient showing

no neurological findings. No information was submitted regarding completion of any conservative treatment.

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

The clinical documentation indicates the patient complaining of neck pain. An epidural steroid injection is indicated in the cervical spine provided that the patient meets specific criteria, including completion of all conservative treatment with ongoing symptomology manifested by neurological findings in the appropriate distribution. No the patient has been able to demonstrate 5/5 strength throughout all extremities. No information was submitted regarding reflex or sensation deficits in the appropriate distribution or completion of any conservative treatment addressing cervical complaints. Given these factors, the request is not indicated. As such, it is the opinion of this reviewer that the request for an epidural steroid injection of the cervical spine 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**