

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jun/17/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical C3-C4 ESI Epidurography radiology Anesthesia

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

Board Certified Anesthesiology

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 sustained an injury on xx/xx/xx. The patient was followed for ongoing complaints of neck pain radiating into the right upper extremity. The patient was followed since xxxxx. Medications provided included Flexeril and Norco for pain. The patient underwent multiple epidural steroid injections beginning on 12/12/12. The initial injection provided approximately 50% pain relief. Subsequent injections subsequent epidural steroid injections at C6-7 were performed on 03/01/13 and 12/10/13. The patient did not require sedation as of the last epidural steroid injection. Follow up on 12/30/13 noted 50% pain relief following the last epidural steroid injection. However pain at this evaluation was 10/10 on VAS. The patient continued to utilize medications including Celebrex and Norco. Further epidural steroid injections were recommended for the patient. The last epidural steroid injection on 01/17/14 included anesthesia. Follow up on 01/17/14 noted 80% pain relief following the last epidural steroid injection for five days. At this evaluation physical examination noted diminished range of motion in the cervical spine with associated muscular spasms and stiffness. Norco was continued at this visit with an increase to 10/325mg. Updated MRI was recommended and performed on 03/19/14 noting disc space narrowing at C3-4 and C6-7 with disc osteophyte formation primarily at C3-4 and at C6-7. There was neural foraminal stenosis at C3-4 and C6-7. Follow up on 04/11/14 noted the patient had persistent 8/10 pain in the cervical spine radiating to the right upper extremity. Physical examination noted continuing spasms and loss of range of motion in the cervical spine. No specific neurological findings were noted at this evaluation. The patient was recommended

for C3-4 epidural steroid injection at this visit. The requested C3-4 epidural steroid injection with epidurography radiology and anesthesia was denied by utilization review on 04/17/14 as there was no evidence consistent with radiculopathy on most recent physical examinations and there was no clear nerve root compression on imaging. It was also unclear whether the patient had exhausted all other reasonable treatment for complaints. The request was again denied by utilization review on 05/02/14 as imaging and physical examination did not support a diagnosis of lumbar or cervical radiculopathy.

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

The patient has been followed for persistent neck pain radiating to the right upper extremity since 11/12. The patient had multiple epidural steroid injections of variable response. The last cervical epidural steroid injection in 01/14 provided significant 80% pain relief however this continued for five days only. Per guidelines epidural steroid injections are recommended on repeat basis when there is evidence of at least 50-70% pain relief for six to eight weeks following prior injections. The patient did not exhibit pain relief for more than five days with the last epidural steroid injection. Frequency of epidural steroid injections has also been fairly extensive with four being performed in less than one year. The clinical documentation did not establish the patient was able to reduce medications. There was no clear functional benefit obtained in the clinical records. The clinical documentation also provided minimal evidence regarding ongoing cervical radiculopathy as there was no motor weakness reflex change or sensory deficit in the upper extremities that would correlate with the MRI findings from the last MRI. As the clinical documentation submitted for review does not meet the guideline recommendations for repeat epidural steroid injections, it is the opinion of this reviewer that medical necessity is not established and the prior denials are upheld.

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