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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

May/29/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

C7-T1 LESI

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

PM&R

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female whose date of injury is xx/xx/xx. MRI of the cervical spine dated xxxxx revealed no findings at C7-T1. Office visit note dated 04/10/14 indicates that the patient complains of neck pain radiating to the right shoulder. Medications are listed as carvedilol, hydrocodone-acetaminophen, gabapentin, levothyroxine, Lipitor, Lopid, Lyrica, Plavix, Ramipril, Zantac. On physical examination Spurling's is negative bilaterally. Strength is rated as 4/5 right EF. The patient is noted to have a history of cervical fusion C4-7 on 06/21/13. The patient's pain is reportedly significantly improved status post cervical epidural steroid injection x 2.

Initial request was non-certified on 04/28/14 noting that the claimant has been provided with two prior cervical epidural steroid injections. The patient had benefit with the first injection in 2009 and 90% with the second injection on 10/11/13. Guidelines do not recommend more than 2 epidural steroid injections. Evidence of specific and sustained functional benefit as a result of prior injection is not reflected. There is no clear indication where the current noted weakness is as indicated by "EF" and "SA". The denial was overturned on appeal dated 05/07/14 and the requested injection was certified.

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

The patient underwent previous cervical epidural steroid injection on 10/11/13 and reported 90% pain relief until she fell in physical therapy at the end of March. The Official Disability Guidelines Neck and Upper Back Chapter supports repeat epidural steroid injection with evidence of at least 50% pain relief for at least 6 weeks. It appears that the requested injection was approved via utilization review on 05/07/14. Given the patient's response to most recent epidural steroid injection, the requested injection is supported by the Official Disability Guidelines. As such, it is the opinion of the reviewer that the request for C7-T1 epidural steroid injection is 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