

# True Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Jan/31/2014

**IRO CASE #:**

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

COSA 3rd Injection TF CESI C4/5 Cath Bilaterally

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

Board Certified 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

MRI of the cervical spine dated 10/11/07

MRI of the lumbar spine dated 10/20/11

Clinical note dated 10/04/11

Clinical note dated 12/20/11

Clinical note dated 07/23/12

Clinical note dated 02/05/13

Clinical note dated 03/26/13

Clinical note dated 06/06/13

Clinical note dated 06/12/13

Clinical note dated 08/06/13

Clinical note dated 08/13/13

Clinical note dated 09/03/13

Clinical note dated 10/01/13

Clinical note dated 10/08/13

Clinical note dated 11/11/13

Clinical note dated 11/26/13

Clinical note dated 12/09/13

Adverse determinations dated 12/17/13 & 12/26/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who reported an injury regarding his low back from an unknown origin.

The clinical note dated 10/04/11 indicates the patient undergoing a transforaminal epidural steroid injection at L4-5 and L5-S1. The MRI of the lumbar spine dated 10/20/11 revealed a status post laminectomy and fusion at L4-5 and L5-S1. A cage type implant was noted on the right at L5-S1 abutting the right L5 and S1 nerve roots. The clinical note dated 06/06/13 indicates the patient having undergone an L4-5 epidural injection with a transforaminal approach. The clinical note dated 08/06/13 indicates the patient continuing with low back pain that was rated as 7/10. The note mentions the patient utilizing Baclofen and Norco for ongoing pain relief. Upon exam, tenderness was noted at the midline of the lumbar spine. Strength deficits were noted throughout the left lower extremity. The clinical note dated 10/01/13 mentions the patient having no new symptoms. The patient continued with the use of Norco and Baclofen. 5-/5 strength was noted in the left lower extremity. Tenderness continued at the midline of the lumbar spine. The clinical note dated 11/11/13 mentions the patient complaining of activity limitations secondary to stiffness and tenderness. The clinical note dated 11/26/13 mentions the patient undergoing an epidural steroid injection with a catheter placement in the cervical region. The clinical note dated 12/09/13 indicates the patient continuing with cervical and low back pain. The patient reported a 50% relief of pain with the cervical epidural steroid injection. Tenderness upon palpation was noted in the C3-7 levels. Range of motion deficits were noted throughout the cervical region.

The utilization review dated 12/07/13 resulted in a denial for a 3rd transforaminal epidural steroid injection at C4-5 as current research does not support a series of 3 epidural steroid injections at this time.

The utilization review dated 12/26/13 resulted in a denial for a 3rd epidural steroid injection in the cervical region as current literature does not suggest the recommendation of a 3rd epidural steroid injection.

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

The documentation mentions the patient having ongoing cervical region pain despite 2 previous epidural steroid injections. Current evidence does not support the safety and efficacy of the use of a series of 3 epidural steroid injections. Therefore, recommendations are for no more than 2 epidural steroid injections. As such, it is the opinion of this reviewer that the request for a 3rd transforaminal epidural steroid injection at C4-5 bilaterally 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**