

The DYLL REVIEW

We take the worry out of Peer Reviews

25 Highland Park Village #100-177 Dallas TX 75205
Phone: 888-950-4333 Fax: 888-9504-4443

Notice of Independent Review Decision

December 9, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left C4/5 Selective Nerve Root Block Injection with IV sedation

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

The physician performing this review is Board Certified, American Board of Orthopedic Surgery. The physician has been in practice since 1982 and is licensed in Texas and Oklahoma.

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 of the health care services in dispute.

Upon independent review, the physician finds that the previous adverse determination should be ~ Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

A prior peer review dated 10/30/13 was performed by occupational medicine, and a 05/21/14 peer review was performed. Both times, he discussed medication management issues. The reviews pertaining to this question include a 04/29/14 review by an anesthesiologist, and on 11/14/14 the review was performed board certified in orthopedic surgery. I uphold the prior peer review recommendations for non-certification and agree with their medical rationale of limited MRI findings and limited documentation of lower levels of care, including therapy and medication that had failed. indicated he discussed the case and the limited documentation of lower levels of care, including therapy and medication, and

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noted the limited MRI findings, as the MRI did not document a neurological compromise supporting a radiculopathy. The 04/29/14 report is reviewed with determination of non-certification, noting lack of examination findings, impairment or radiculopathy with diagnostic imaging noting no evidence of nerve root impingement.

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

The analysis and explanation of decision, including clinical basis, findings, and conclusions, is the medical record provided does clearly document physical examination findings for both C5 and C6 focal deficits with decreased strength of the left deltoid and left biceps, decreased sensation in a C5-6 dermatomal pattern on the left, but the MRI clearly indicated lack of neural impingement on both the 02/21/14 initial report and the 08/14/14 overread. where he noted that the cervical canal neural foramina were normal with no evidence of spondylosis or disk degeneration at levels other than C3-4, C4-5, C5-6, and at C3-4, C4-5 there was a high-intensity zone at this annulus consistent with an annular fissure, but the thecal sac and foramina were wide open. At C5-6, the thecal sac was wide open and the foramina were open with no annular fissures but findings consistent with early degenerative disk disease, all of which would not support findings on imaging of pathology consistent with a radiculopathy.

My opinion is in line with ODG guidelines that indicate for selective nerve root block there should be focal neurological findings correlating with imaging findings in support of a radiculopathy, and at this time, imaging findings were not documented consistent with a radiculopathy. Therefore, the prior peer review concerns were appropriate, and I also recommend the selective nerve root block is not medically necessary at C4-5 on the left.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)